



THE PLACE TO BE

ADMINISTERING MEDICINES TO STUDENTS

AUTHORIZATION FOR STUDENT POSSESSION AND USE OF EPINEPHRINE AUTOINJECTOR JHCD 3-E

A completed form must be provided to the school principal and/or school nurse before the student may possess and self-administer an epinephrine autoinjector to treat anaphylaxis.

Student's Name:	Date of Birth:	Grade:
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This section must be completed and signed by the student's parent or guardian.

As the Parent/Guardian of this student, I authorize my child to possess and self-administer an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.

Parent/Guardian Signature:	Date:
Parent/Guardian Name:	Parent/Guardian Emergency Telephone #: ()

This section must be completed and signed by the medication prescriber.

Name and dosage of medication	
Date medication administration begins:	Date medication administration ends (if known):
Circumstances for use of the epinephrine autoinjector:	
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief:	

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the prescriber):
To a student for which it is not prescribed who receives a dose:
Special instructions:

As the prescriber, I have determined that this student is capable of possessing and self-administering this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.

Physician signature:	Date:
Physician name:	Physician emergency telephone number: