

AUTHORIZATION FOR STUDENT POSSESSION AND USE OF AN EPINEPHRINE AUTO-INJECTOR

Ohio Department of Health - In accordance with ORC 3313.718 / 3313.141

A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine auto-injector to treat anaphylaxis in school.

Student Name	Grade
Student Address	

This section must be completed and signed by the student's parent(s)/guardian(s).

As the Parent/Guardian of this student, I authorize my child to possess and use an epinephrine auto-injector, 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(s)/Guardian(s) Signature	Date
Printed Parent(s)/Guardian(s) Name	Parent(s)/Guardian(s) Emergency Telephone Number ()

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 auto-injector
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief

Possible sever 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 using this auto-injector appropriately and have provided the student with training in the proper use of the auto-injector.

Prescriber signature	Date
Printed Prescriber Name	Physician emergency telephone number ()

[Adoption date: April 9, 2007]

[Revised: July 14, 2008]