



Epinephrine Authorization

Please read information and procedures on reverse side:

Part 1: Parent or Guardian to Complete

I hereby authorize St. Joseph Catholic School personnel to administer epinephrine injection(s) as directed by the physician (part II). I agree to release, indemnify, and hold harmless St. Joseph Catholic School and any of their staff members from lawsuits, claims, expenses, demands, and actions, etc. against them for administering the injection provided they follow the physician's order (part II). I am aware that the injection may be administered by a specifically trained non health professional. I have read the procedures outlined on the back of this form and assume responsibility as required. I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Student Name: (Last, First, Middle) _____

Date of Birth: _____ School Year: _____ Grade: _____

Parent or Guardian Signature: _____ Daytime Phone: _____

Part II: Physician to Complete

Emergency injections are administered by nonhealth professionals. For this reason, only premeasured doses of epinephrine may be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.

The following injection will be given immediately after report of exposure to: _____
(Indicate specific allergen(s))

Route of exposure: Ingestion Skin Contact Inhalation Insect Sting or bite

Check the appropriate boxes:

- Give the premeasured dose of 0.3 mg epinephrine 1:1,000 aqueous solution (0.3 cc) by auto injection
- Repeat dose in 15 minutes if EMS has not arrived
- Give the premeasured dose of 0.15mg epinephrine 1:2,000 aqueous solution (0.3cc) by auto injection
- Repeat dose in 15 minutes if EMS has not arrived

Check the appropriate box:

I believe that this student has received adequate information on how and when to use epinephrine.

This student is to carry an epinephrine autoinjector during the school day with the director's knowledge. The student can use the epinephrine autoinjector properly in an emergency. One additional dose is to be used as backup, should be kept in main school office.

The epinephrine autoinjector will be kept in the main school office, or in other school approved locations.

Effective Date: Current School Year From _____ to _____

Form must be updated yearly, and a new form shall be in the office by the first day of the new school year.

Physicians Name: _____

Physicians Signature: _____

Telephone Number or Fax: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Telephone Number: _____

Student Signature: (Required ONLY IF child carries epinephrine) _____

Date: _____

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

1. Epinephrine may be given in school or during school-sponsored activities only with both physician and parent/guardian-signed authorization.
2. This form must be on file in the main school office, as well as with the child's classroom teacher. This form should be copied and placed in the classroom teacher's crisis bags. Parents/guardians and Physicians are encouraged to keep a copy in their files.
3. Parents/Guardians are responsible for obtaining the physician's statement in Part II.
4. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
5. A physician may use office stationery or a prescription pad in lieu of completing Part II. Information must include:
 - a. Name of student
 - b. Specific allergen for which epinephrine is being prescribed.
 - c. Route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting/bite)
 - d. Brand name of medication
 - e. Amount of premeasured epinephrine
 - f. Time for repeated dose if deemed necessary.
 - g. Duration of medication order and effective dates
 - h. Physician signature
 - i. Date
6. Only premeasured doses of epinephrine may be given by St. Joseph Catholic School personnel.
7. Medication must be properly labeled by a pharmacist. If a physician orders include a repeat of EpiPen or Twinject injection for a student who carries his or her own, then the parent or guardian must supply the school with two EpiPens or Twinjects. Expiration date must be clearly indicated.
8. Epinephrine must be hand-delivered to the school office by the parent or guardian unless approved for the student to carry during school hours, or during school-sponsored activities.
9. Unless the student has been authorized to carry epinephrine, the parent or guardian is to collect any unused epinephrin within one week after the end of the expiration of the order or on the last day of school. Epinephrin not claimed within that period shall be destroyed.

Form must be updated yearly, and a new form shall be in the office by the first day of the new school year.