

## Authorization for Student Possession and/or Use of an Epinephrine Autoinjector

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 / or use an epinephrine autoinjector to treat anaphylaxis in school.

Student name
Student address

**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/or use 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 number

**This section must be completed and signed by the student's physician.**

Name, dosage, and frequency of medication	
Circumstances for use of the epinephrine autoinjector	
Date medication administration begins	Date medication administration ends (if known)

The above named student is authorized to: (check all that apply)

- Receive the prescribed medication indicated from the designated school personnel
- Keep emergency medication in his/her possession as permitted by law

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 physician)

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 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

**This section to be completed by school personnel:**

Person(s) authorized to supervise consumption of drugs for this student: (The building administrator may, as set forth in board policy, designate a staff member to supervise the storage and dispensation of medication.)