



Dublin City School District

Students 5330A P2 F4 Revised 1/20/10
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Request for Student Possession and Use of an Epinephrine Autoinjector

A completed form must be provided to the school principal and/or nurse before the student may possess and 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 use an epinephrine autoinjector as prescribed during school and at 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 (printed)	Parent/guardian emergency telephone number

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

Name of medication	Dosage
Date medication administration begins	Date medication administration ends

Circumstances for use of the epinephrine autoinjector

1. if exposed to allergen and having symptoms 2. if suspected exposure but no symptoms 3. if unsure if having symptoms
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:

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Prescriber must acknowledge yes or no by initialing the following:

A. The student has been trained on the proper use of the autoinjector including signs and symptoms of anaphylaxis
 Yes ___ No ___

B. The student is capable of possessing and self-administering the autoinjector Yes ___ No ___

Prescriber signature	Date
Prescriber name (printed)	Prescriber emergency telephone number