



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

In Accordance with ORC 3313.716/3313.14

**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	
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
- Self-administer the prescribed medication as trained by physician

Procedures for school employees if the student is unable to administer the medication or does not produce the expected relief
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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 <b>not</b> prescribed who receives a dose

Special instructions
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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.)

**PARENTAL PERMISSION FOR ADMINISTRATION OF MEDICATION**

TO: \_\_\_\_\_  
Principal School

FOR: \_\_\_\_\_  
Student Grade

We (I), the undersigned, who are the parent(s)/guardian(s) of \_\_\_\_\_ request that the administration of a drug be supervised in accordance with the instruction of our Physician, \_\_\_\_\_. We (I) understand that said drug is to be administered under the supervision of a member of the trained school staff, unless otherwise directed by our physician.

Further, we (I) the undersigned, agree to bring the above described drug to school in a container from the pharmacist properly labeled by same, this label to include name of the drug, student's name, physician's name, date, pharmacy name and telephone number, prescribed dosage and frequency and special handling and storage directions. A label is not required for over the counter drugs not dispensed by a pharmacist which are drugs prescribed by a physician and which are in their original container.

Administration of the prescribed drug will not be discontinued until the date set forth in the original or revised physician request form, or until the parent of the child withdraws permission of the Board to administer the drug.

The parents shall have sole responsibility to instruct their child to take the drug at the scheduled time, and the child has the responsibility for both presenting himself/herself on time and for taking the prescribed drug.

The parent/guardian, or other person having care or charge of the student shall immediately submit a revised statement to the building principal signed by the physician who prescribed the drug of changes are made to the drug treatment plan.

\*\*Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Address of Parent/Guardian: \_\_\_\_\_  
Telephone Numbers: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

\*\*If children are in a foster home and placement is by an agency that holds custody, agency personnel must sign. If the child is a ward, a court-appointed guardian must sign.