Self-Carry/Administration of Epinephrine Auto-Injector/Nasal Spray Form

(To be completed at the beginning of each school year and kept on file with the School Nurse)

Student's name: _____ Form: _____ Date: _____

Allergic to: _____

If you choose to have your son self-carry/administer his epinephrine, it is required that an additional epinephrine be kept at the Nurse's station.

To be completed by student's physician:

Physician name: (please print) _____ Office #: _____
Prescribed treatment:

_____ Antihistamine Dosing Instructions: _____
_____ Epinephrine Dosing Instructions: _____

_____

Possible side effects: _____

It is in the best interest of the above-named student (my patient) to carry epinephrine on his person during the school day, and I authorize the administration of the medication listed above. This student has been adequately trained in the correct use of this device.

Physician signature: _____ Date: _____

_____

To be completed by parent/guardian:

Parent/Guardian name: (please print) _____
I understand and agree that: The epinephrine will be furnished by me for my child to carry with him, and a second one will be provided to the Nurse on campus. The epinephrine must be labeled by the pharmacy with the name of the student, type of medication, dosage, date prescribed, and date of expiration. I authorize student self-administration if necessary. My child has been adequately trained in the correct use of the epinephrine, including when to use, the need to keep the epinephrine out of extreme temperatures (hot or cold), and the importance of notifying someone immediately of onset of symptoms.

Brand and dose provided: _____ Expiration date: _____

Parent/Guardian signature: _____ Date: _____