



750 S. FOURTH AVENUE
SIDNEY, OHIO 45365
MAIN: 937-497-2200
FAX: 937-497-2211

To inspire, empower, and prepare our students for their best future.

AUTHORIZATOIN FOR THE POSESSION AND USE OF EPINEPHRINE AUTOINJECTOR (EPI-PEN)

Page 1/2

Student's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Parent/Guardian's Name: _____ Phone: _____

Physician's name: _____ Physician's phone: _____

PHYSICIAN - PLEASE COMPLETE:

The above-named student is under my care and should receive:

Name of Medication in autoinjector: _____ Dose: _____

Beginning date of request: _____ Expiration date of request: _____

The autoinjector should be used in the following circumstances: _____

Procedure to follow if the student is unable to administer the anaphylaxis medication: _____

Procedure to follow if the medication does not produce the expected relief from the student's anaphylaxis:

Adverse reactions that should be reported to the provider: _____

Adverse reactions for unauthorized user: _____

Other special instructions _____

Prescriber please acknowledge:

The student is capable of possessing and using the autoinjector. ____ yes ____ no

The student has been trained on the proper use of the autoinjector. ____ yes ____ no

Physician's Signature

Date



750 S. FOURTH AVENUE
SIDNEY, OHIO 45365
MAIN: 937-497-2200
FAX: 937-497-2211

To inspire, empower, and prepare our students for their best future.

AUTHORIZATOIN FOR THE POSESSION AND USE OF EPINEPHRINE AUTOINJECTOR (EPI-PEN)

Page 2/2

The principal or other designated trained personnel has been provided with a backup dose of the student's medication. ___yes ___no

Parent/Guardian Signature

Date

Parents MUST send medication to school in its original container.

Note: The parent/guardian of the child must assume responsibility for informing the principal and school nurse of any change in the child's health or any change in the prescribed medication. Any change to the above prescription (dosage or administration) will require the completion of a new form.

School Official's Signature (Acknowledging Receipt)

Date