

USE OF EPINEPHRINE AUTOINJECTORS

Loudonville-Perrysville Schools

Authorization Form

Student Name Date

Address

Medication Name Dosage

Circumstances in which epi-pen should be used

Adverse reactions that should be reported to the physician

Adverse reactions for unauthorized user

Procedure to follow in the event that medication does not produce the expected relief from student's anaphylaxis (allergic response)

Other special instructions

Physician and parent/guardian names, signatures and emergency phone numbers:

As the prescriber, I have determined that the student is capable of possessing and using the epi-pen appropriately, and I have provided the student with training in the proper use of the epi-pen.

(Physician Name) (Phone Number)

(Physician's Signature) (Date)

Parent/Guardian Name: _____

(Home Phone Number) (Work Phone Number)

(Parent/Guardian Signature) (Date)

Notes: _____

1. A copy must be provided to the Principal.
2. Epi-Pens must be labeled with student's name and instructions for use.