



# EPINEPHRINE AUTHORIZATION

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

## PART I PARENT OR GUARDIAN TO COMPLETE

I hereby authorize Clarke County Public Schools (CCPS) personnel to administer epinephrine injections as directed by the physician (part II). I agree to release, indemnify, and hold harmless CCPS and any of their officers or staff members from lawsuit, claim, expense demand, or action against them for administering the injection, provided they follow the physician's order as written in part II below. I am aware that the injection may be administered by a specifically trained non-health professional. I have read the procedures outlined on the back on this form and assume responsibility as required. ***I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.***

Student Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

School Year: \_\_\_\_\_

No School Board employee, school nurse, or health room aide shall administer medication or treatment, as an exception under School Board policy, unless all the required clearances have been personally reviewed by the principal or his or her designee.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Date

## PART II PHYSICIAN TO COMPLETE

Emergency injections are usually administered by CCPS non-health professionals. Those persons are trained by the school health nurse to administer injections. For this reason, only premeasured doses of epinephrine may be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.

The following injection will be given immediately after report of exposure to \_\_\_\_\_. (Indicate specific allergen.)

Route of Exposure:  Ingestion  Skin contact  Inhalation  Insect Sting or Bite

Check appropriate boxes:

EpiPen Give the premeasured dose of 0.3 epinephrine 1:1000 aqueous solution (0.3cc) by auto injection.  
 Repeat dose in 15 minutes if EMS has not arrived (Two premeasured doses will be needed in school.)

EpiPen Jr. Give the premeasured dose of 0.15 mg epinephrine 1:2000 aqueous solution (0.3cc) by autoinjection  
 Repeat dose in 15 minutes in EMS has not arrived. (Two premeasured doses will be needed in school.)

Twinject 0.3 mg Give the premeasured dose of 0.3mg epinephrine 1:1000 aqueous solution (0.3cc) by autoinjection.  
 Repeat dose in 15 minutes if EMS has not arrived.

Twinject 0.15mg Give the premeasured dose on 0.15mg epinephrine 1:2000 aqueous solution (0.3cc) by autoinjection.  
 Repeat dose in 15 minutes if EMS has not arrived.

Check appropriate box:

I believe that this student has received adequate information on how and when to use epinephrine.

The student is to carry an EpiPen or Twinject during school hours with principal's knowledge. The student can use the EpiPen or Twinject properly in an emergency. One additional dose, to be used as backup, should be kept in clinic or other school location.

The EpiPen or Twinject will be kept in the school clinic or other school-approved location \_\_\_\_\_.

Effective Date:  Current School Year  From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Physician Name (Print or Type)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone or Fax

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print or Type)  
(Required if student carries epinephrine)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

(Required if student carries epinephrine)

\_\_\_\_\_  
Date

## PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check:  
 Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the physician's stationary or a prescription pad.)

Medication is appropriately labeled. \_\_\_\_\_ Date by which any unused medication is to be collected by the parent  
(Within one week after expiration of the physician order or on the last day of school)

The student has been approved by the principal to carry epinephrine. An individual health care plan, and/or procedure must be on file.

\_\_\_\_\_  
Principal or Principal Designee Signature

\_\_\_\_\_  
Date

Information from the Clarke County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent/guardian or of the eligible student.

## PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

1. Epinephrine may be given in school or at school-sponsored activities only with both physician-and parent-or guardian-signed authorization.
2. This form must be on file in the clinic or another approved location. The parent or guardian is responsible for obtaining the physician's statement, Part II. For a student who attends school related activities, a copy of the medication form must be on file.
3. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing Part II. Necessary information includes:
  - Name of student
  - Specific allergen for which epinephrine is being prescribed
  - Route of exposure (e/g., ingestion, skin contact, inhalation, or insect sting or bite)
  - Brand name of premeasured epinephrine
  - Time for repeated dose if deemed necessary
  - Duration of medication order and effective dates
  - Physician signature
  - Date
5. Only premeasured doses of epinephrine may be given by CCPS staff members.
6. Medication must be properly labeled by a pharmacist. If physician orders include a repeat of EpiPen or Twinject injection for a student who carries his or her own, then the parent must supply the school with two EpiPens or Twinjects. Expiration dates must be clearly indicated.
7. Medication must be hand-delivered to the school clinic by the parent or guardian unless approved for the student to carry during school hours.
8. A parent is to collect any unused medication within one week after the end of expiration of order or on the last day of school. Medication not claimed within that period shall be destroyed.

*Reverse side of form*