

EPIPEN ADMINISTRATION PERMISSION FORM

Must be completed by parent or legal guardian AND prescribing physician.

SCHOLAR'S NAME _____ DATE OF BIRTH _____

ALLERGY _____

DESCRIBE REACTION _____

PHYSICIAN STATEMENT

I have prescribed the following anaphylaxis medicine for the child named above:

- EpiPen** (the premeasured dose is 0.3mg. of Epinephrine)
- EpiPen Jr.** (the premeasured dose is 0.15mg. of Epinephrine)
- Other:** _____ Dosage: _____

Purpose of the above medication: _____

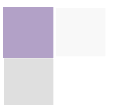
Time or circumstances of administration: _____

Period for which the medicine is prescribed: _____

- The child named above has received adequate training on how and when to use an EpiPen and can use it properly in case of an emergency.
- He or she will carry EpiPens at all times.
- The child named above is NOT capable of possessing and self-administering the above referenced medication.

PHYSICIAN'S NAME (Print) _____ OFFICE PHONE NUMBER: _____

PHYSICIAN'S SIGNATURE _____ DATE _____



PARENT/GUARDIAN USE ONLY

- I hereby authorize E.A. Young Academy staff to administer an EpiPen to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen.
- I agree to release, indemnify, and hold harmless E.A. Young Academy and any of its staff or agents from lawsuit, claim, expense, demand, or action against them for administering the EpiPen provided they administer the EpiPen prescribed specifically for my child.
- I am aware that the injection will probably be administered by a staff member or agent who is not a healthcare professional.
- I understand that 911 will be called when an EpiPen is administered to my child.
- I agree to provide the school with the medication in its original, properly-labeled container.
- I agree to notify the school, in writing at the termination of this request or when any change in medication is necessary.
- My child has received adequate training on how and when to use an EpiPen and can use it properly in case of an emergency.
- My child must carry EpiPens at all times.
- My child is NOT capable of possessing and self-administering the above referenced medication.

PARENT/GUARDIAN NAME (PRINTED) _____ CELL: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

GUIDELINES TO POSSESS AND SELF-ADMINISTER PRESCRIPTION ANAPHYLAXIS MEDICINE

Texas State Law allows a student to possess and self-administer prescription anaphylaxis medicine while on school property if:

- The prescription anaphylaxis medicine has been prescribed for the student as indicated by the prescription label on the medicine;
- The student has demonstrated to the student’s physician or other licensed health care provider and the school nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication;
- The self-administration is done in compliance with the prescription or written instructions from the student’s physician or other licensed health care provider;

A parent/guardian of the student provides to the school:

- A) Written authorization, signed by the parent, for the student to self-administer the prescription medicine while on school property or at a school-related event or activity; and
- B) A written statement, signed by the student’s physician or other licensed health care provider that states:
 - (1) That the student is at risk for anaphylaxis and is capable of self-administering the prescription medicine;
 - (2) The name and purpose of the medicine;
 - (3) The prescribed dosage for the medicine;
 - (4) The times at which or circumstances under which the medicine may be administered; and
 - (5) The period for which the medicine is prescribed.

