



Self-Administration of Emergency Epinephrine Authorization *(Physician and Parent Form)*

School Year _____

When a prescribing health professional, parent/guardian, student and school nurse agree that self-administration of medication is appropriate for an individual student, the procedure must be done safely, carefully and accurately. A written order by a prescribing health professional and written authorization by the parent/guardian must be provided to the school. The medication must be brought to school in a container appropriately labeled by a pharmacist or the prescribing health professional. The school nurse will develop a written health care plan for the student. A student who has demonstrated competencies described in the student agreement may then be allowed to self-carry their emergency epinephrine if he/she signs the agreement on the back of this form.

This form must be completed by the prescribing health professional and parent/guardian and returned to the licensed school nurse. Orders **must** be renewed annually or whenever medication dosage or administration changes.

Licensed School Nurse: _____ School: _____

Telephone: _____ FAX # : _____

TO BE COMPLETED BY PRESCRIBING HEALTH PROFESSIONAL

I believe that _____ is capable of self-administering the following medication:
(Student's Name)

Medication	Route	Dose	Frequency
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I recommend self-administration of this medication for the treatment of:

Comments: _____

Discontinuation date: _____

Signature of Prescribing Health Professional	Print Name	Phone	Date
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I hereby give permission for my child to self-carry his/her emergency epinephrine at school as prescribed by my child's health care professional and I authorize reciprocal release of information related to the medication between the school nurse and the prescribing health professional.

Signature of Parent/Guardian

Date