

# BOWLING GREEN CITY SCHOOLS

## Ohio Department of Health

### Authorization for Student Possession and Use of an Epinephrine Auto-injector

In accordance with ORC 3313.718/3313.141

A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine auto-injector to treat anaphylaxis in school.

Student name
Student address

**This section must be completed and signed by the student's parent or guardian.**

*As the Parent/Guardian of this student, I authorize my child to possess and use an epinephrine auto-injector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.*

Parent/Guardian SIGNATURE	Date
Parent/ Guardian Printed Name	Parent/Guardian Emergency Phone Number (      )

**This section must be completed and signed by the medication prescriber.**

Name and Dosage of Medication	
Date Medication Administration Begins	Date Medication Administration Ends (if known)

Circumstances for use of the epinephrine auto-injector:
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief: _____

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is NOT prescribed who receives a dose:

Special Instructions: _____
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*As the prescriber, I have determined that this student is capable of possessing and using this auto-injector appropriately and have provided the student with training in the proper use of the auto-injector.*

Prescriber SIGNATURE	Date
Prescriber Printed Name	Prescriber Emergency Phone Number (      )