ASHLAND CITY SCHOOLS

Administrative Offices 1407 Claremont Ave PO Box 160 Ashland Ohio 44805 419-289-1117 Fax 419-289-2303

Request for Student to Possess and Self-Administer an Epi-Pen Auto-injector

School policy requires consent of the parent/legal guardian and written statement from the licensed prescriber before school personnel can allow a student to possess and use an epinephrine Auto-injector to treat anaphylaxis in school. Please complete this form and return to the school office.

To be completed by LICENSED PRESCRIBER

In accordance with ORC3313.718/33313.141 the Licensed Prescriber MUST provide the following information before a student is allowed to possess and self-administer an epinephrine Auto-injector

Student's Name:_____DOB_____

Condition for which medication is administered:_____

Name of Medication, Dose and route:_____

Time or indication for administration:_____

Possible side effects to be noted/reported: _____

Possible side effects for a student for which it is not prescribed should he/she receive a dose: _____

_____

Effective Date_____ Expiration date of this request_____

Instructions to follow in the event medication does not produce expected relief:_____

_____

Special Instructions: _____

_____

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. _____ Initials

_____ _____

Print Licensed Prescriber Name Signature of Licensed Prescriber

_____ _____

Phone Number Date

To be completed by Parent/Guardian

I give permission for my child to carry and self-administer an epinephrine Auto-injector, as prescribed, at the school or any activity, event or program sponsored by or in which the student is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provided if this medication is administered. I further agree with the following:

- Provide a backup dose or second Auto-injector to the school principal or nurse as required by law
- Submit to school personnel a revised statement, signed by the licensed prescriber of the above, when any change in the original statement occurs
- Submit to school personnel a written statement when medication has been discontinued
- Grant permission for the school nurse to confer with the above licensed prescriber regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her education and behavioral management needs
- All medication must come to school in the original container from the pharmacist
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly for this authorization

It is my opinion that my child understand the use of this medication, demonstrates proper administration and has shown responsible behavior when it comes to carry this medication. Yes _____ No _____ Initials _____

_____ _____ _____

Signature of Parents/Guardian Date Daytime Phone Number

******** This form expires at the end of the school year ********

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