

EPI-PEN AUTHORIZATION

CHRIST THE KING CATHOLIC SCHOOL

PART I PARENT OF GUARDIAN TO COMPLETE

I hear by authorize Christ the King personal to administer epinephrine injection as directed by the authorized physician (part II). I agree to release, indemnify, and hold harmless Christ the King and any of their staff members, or agents from lawsuit, claim expense, demand, or action against the for administering the injection, provided they follow the physician order as written in part II below. I am aware a specifically trained non-health school professional may administer the injection.

I understand that the rescue squad or EMT (Emergency Medical Transport) will always be called whenever Epinephrine is given, even if the students does not manifest any symptoms or anaphylaxis.

Student Name: (last, First, Middle) _____	
Date of Birth: _____	Parent of Guardian Signature _____
Daytime Phone: _____	Date: _____

PART II PHYSICIAN TO COMPLETE

Non-health care professionals may administer emergency injections at Christ the King. These persons are taught by the school nurse to administer the injection. For this reason, only pre-measured doses of epinephrine may be given. It should be noted that these staff members are not trained observers.

The following injection will be given immediately after report of exposure to:

To indicate specific allergen and type of exposure (e.g. ingestion, skin contact, or inhalation)

Check as Appropriate:

Epi-pen

- Give the pre-measured dose by auto injection.
- Repeat pre measured dose in 15 minutes if rescue squad/EMT has not arrived. (Two kits will be needed at school)

Check Appropriate Boxes:

- I believe that this student has received adequate information on how and when to use an Epi-pen.
- The student is to carry an Epi-pen during school hours. The student can use the Epi-pen properly in an emergency. (The second kit will be kept in the school Health Office)

- The Epi-pen will be kept in the school Health Office and cafeteria.
Note: Medication Expiration date must be clearly indicated.

Physician name

Physician Signature

Telephone/Fax Date

Part III PRINCIPAL OR SCHOOL NURSE TO COMPLETE

- Parts I and II above are completed including signatures. (It is acceptable if all items of information in part II are written on physician stationery or a prescription pad.)
- Medication is appropriately labeled.

Principal or School Nurse Signature

Date

save:Epi-pen Auth