

# Woodridge Local School District

## AUTHORIZATION FOR THE POSSESSION AND USE OF EPINEPHRINE AUTOINJECTOR (EPI-PEN)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Medication in Autoinjector: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date the administration is to begin: \_\_\_\_\_

Date the administration is to cease: \_\_\_\_\_

Prescriber must acknowledge one of the following (please initial):

The student is capable of possessing and using the autoinjector:      Yes \_\_\_\_\_      No \_\_\_\_\_

The student has been trained on the proper use of the autoinjector:      Yes \_\_\_\_\_      No \_\_\_\_\_

The autoinjector should be used in the following circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Procedure to follow if student is unable to administer the anaphylaxis medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Procedure to follow if the medication does not produce the expected relief from the student's anaphylaxis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions that should be reported to the prescriber: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions for unauthorized user: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other special instructions: \_\_\_\_\_

\_\_\_\_\_

**Prescriber and parent/guardian names, signature, and emergency phone numbers are required.**

Prescriber Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Other) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian (or student if eighteen (18) or over) must acknowledge one (1) of the following (please initial):

The principal or school nurse (if one has been assigned to the student's building) has been provided with a backup dose of the student's medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Principal or school nurse must acknowledge one of the following (please initial):

I have received a backup dose of the student's medication: Yes \_\_\_\_\_ No \_\_\_\_\_

**Copies must be provided to the principal and to the school nurse if one is assigned to the student's building.**

11/20/07