

## **EPINEPHRINE AUTHORIZATION**

PLEASE READ	DINFORMATION AND	D PROCEDURES ON	<b>REVERSE SIDE</b>

PART I	PARENT OR	GUARDIAN T	00	OMPLETE
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I hereby authorize Fairfax County Public Schools ( epinephrine injection(s) as directed by the physician members, or agents from lawsuits, claims, expenses II.) I am aware that the injection may be administer assume responsibility as required.	n (part II). I agree to release, indemni s, demands, or actions, etc., against th red by a specifically trained nonhealth	fy, and hold harmless FCPS em for administering the in a professional. I have read	S, FCHD, and SACC a jection, provided they the procedures outline	and any of their o follow the physic d on the back of t	fficers, staff cian's order (part this form and
I understand that emergency medical services (EMS)	will always be called when epinephrine	is given, whether or not the	student manifests any s	symptoms of anap	hylaxis.
Student Name (Last, First, Middle)					
Date of Birth School Name			Scho	ool Year	Grade
No School Board employee, public health nurse, or required clearances have been personally reviewed			n exception under Sch	ool Board policy	, unless all the
Parent or Guardian Signature	Daytin	ne Telephone	Date		
PART II PHYSICIAN TO COMPLETE					
Emergency injections are usually administered in F injection. For this reason, only premeasured doses for the development of symptoms before administer	of epinephrine may be given. It shouring the injection.				
The following injection will be given immediately a	after report of exposure to Ind	dicate specific allergen(s)			
Route of exposure: Ingestion Skin		nsect sting or bite			
Give the premeasured dose of 0.15mg e	has not arrived. (Two premeasured of	loses will be needed in scho 0.3cc) by autoinjection.			
I believe that this student has received adequate inf The student is to carry an epinephrine au properly in an emergency. One addition The epinephrine autoinjector will be kep	toinjector during school hours with the al dose, to be used as backup, should	ne principal's knowledge. T be kept in health room or o	ther school location.	e epinephrine auto	pinjector
Effective date: Current school year	From	То			
Physician Name (Print or Type)	Physician Signature	Tele	ephone or Fax	Date	
Parent or Guardian Name (Print or Type) (Required if student carries epinephrine)	Parent or Guardian Signature	Tele	phone	Date	
Student Signature (Required if student carries epinephrine)	Date				
PART III PRINCIPAL OR PRINCIPAL	DESIGNEE TO COMPLETE				
Check $$ as appropriate:					
<ul><li>Parts I and II above are complete include</li><li>Medication is appropriately labeled.</li></ul>	Date by	items in part II are written o which any unused medicati one week after expiration o	on is to be collected b	y the parent.	/
Principal or Principal Designee Signature	Date				

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.

## PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES



- 1. Epinephrine may be given in school, during school-sponsored activities, or at SACC only with both physician and parent or guardian-signed authorization.
- This form must be on file in the health room or in an other approved location. The parent or guardian is responsible for obtaining the physician's statement in part II. For a student who attends SACC, a copy of the medication form must be on file with SACC.
- 3. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
- 4. A physician may use office stationery or a prescription pad in lieu of completing part II. Information necessary includes:
  - Name of student
  - Specific allergen(s) for which epinephrine is being prescribed
  - Route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bite)
  - Brand name of medication
  - Amount of premeasured epinephrine
  - Time for repeated dose if deemed necessary
  - Duration of medication order and effective dates
  - Physician signature
  - Date
- 5. Only premeasured doses of epinephrine may be given by FCPS, FCHD, and SACC staff members.
- 6. Medication must be properly labeled by a pharmacist. If a physician's orders include a repeat of the epinephrine injection, then the parent or guardian must supply the school with two epinephrine autoinjectors. For a student who carries his or her own epinephrine autoinjector, the parent must supply the school with a back up that is stored in the health room or other approved location. Expiration date must be clearly indicated on the pharmacy label or autoinjector. The parent must provide a replacement epinephrine autoinjector when notified that the current autoinjector has expired or has been administered.
- 7. Epinephrine must be hand-delivered to the school health room by the parent or guardian unless approved for the student to carry during school and SACC hours.
- 8. Unless the student has been authorized to carry epinephrine, the parent or guardian is to collect any unused epinephrine within one week after the end of expiration of the order or on the last day of school. Epinephrine not claimed within that period shall be destroyed.