

Lincoln Christian School
Epi-Pen Authorization Form

Student's Name

DOB

Grade/Teacher

School Year

Epi-Pen Guidelines

- Epinephrine may be administered to a student at school or during school-sponsored activities, only with prior written authorization from both the physician and the parent/legal guardian.
- This form must be on file in the LCS office and kept up-to-date. The completed form may be distributed to LCS employees or designated representatives as needed.
- For a student who attends LCS Before/After School Care, a copy of this authorization must be on file with the Before/After School Care medical forms.
- A new form must be submitted at the beginning of each school year and any time there is a change in the dosage or the conditions in which epinephrine is to be injected.
- Only pre-measured doses of epinephrine may be given by LCS staff or designated representatives.
- Epinephrine must be properly labeled by a pharmacist with the expiration date clearly visible. If a physician's orders include a repeat epinephrine injection for a student who carries his or her own, then the parent must supply the school with two epinephrine pens.
- The epinephrine must be hand-delivered to the school nurse by a parent/legal guardian for the student who does not self-carry.
- For the student who self-carries, a 2nd epinephrine pen must be hand-delivered to the school nurse.
- A parent is to collect any unused epinephrine within one week after the end of expiration of order, or on the last day of school (as applicable). Epinephrine not claimed within that period will be disposed of properly.

To Be Completed by Student

By my signature following, I acknowledge that I have read and understand the Epi-Pen Authorization Form guidelines, and I agree to abide by the guidelines at all times.

Student's Signature: _____ Date: _____

To Be Completed by Parent/Legal Guardian

I, _____ the parent or legal guardian of _____ ("Student") acknowledge that I have read and understand the Epi-Pen Authorization Form guidelines, and I agree to abide by the guidelines at all times. I authorize Lincoln Christian School ("LCS") personnel or designated representatives to administer epinephrine injection as directed by the physician. I understand that LCS and its employees, agents, and representatives, shall incur no liability as a result of any injury, side effect or issue arising from the administration of epinephrine, and I agree to release, indemnify, and hold them harmless.

I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Parent/Guardian's Signature: _____ Date: _____

Cell Phone #: _____ Other Contact #: _____

See page 2 for Physician's Instructions.

Lincoln Christian School
Epi-Pen Authorization Form (cont.)

To Be Completed by Physician

Student's Name: _____ Diagnosis: _____

Emergency injections may be administered at LCS by non-health professionals. These persons are trained by the school nurse to administer the injection. For this reason, only pre-measured doses of epinephrine may be given. Note that non-health professionals are not trained to observe the development of symptoms before administering the injection.

The following injection will be given immediately after report of exposure to (indicate specific allergens):

Route of Exposure: Ingestion Skin Contact Inhalation Insect Sting or Bite

Check all boxes that apply:

Epi-Pen or generic equivalent

- Give the pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution (0.3cc) by auto injection.
- Repeat dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)

Epi-Pen Jr. or generic equivalent

- Give the pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution (0.3cc) by auto injection.
- Repeat dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)

Check appropriate box:

- In my professional opinion, it is medically necessary that this student be allowed to self-carry and self-administer the above medication. I believe that this student has received adequate information on how and when to use an Epi-Pen, and the student can use it properly in an emergency. One additional dose should be kept as backup in the nurse's office or other designated location.
- The Epi-Pen will be kept in the school clinic or other designated location.

Check appropriate box:

- Current School Year
- From _____ to _____.

Additional Notes:

Review guidelines on page 1 before signing:

Physician's Name: _____ Phone Number: _____

Physician's Signature: _____ Date: _____