

Epi-Pen Authorization Form

| PART I TO BE COMPLETED BY PARENT/GUARDIAN | | | |
|---|--|--|---------------|
| <p>I hereby request Legacy Christian Academy to administer an epinephrine injection as directed by this authorization. I agree to release, indemnify, and hold harmless LCA school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for administering this injection, provided LCA school personnel comply with the Licensed Healthcare Provider (LHCP) or parent/guardian orders set forth in accordance with the provision of part II below. I am aware that the injection may be administered by a specifically trained non-health professional. I assume responsibility as required.</p> <p>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.</p> | | | |
| Student's Full Name: | | | D.O.B. |
| Allergies: | | School: Legacy Christian Academy | School Year: |
| _____ Parent's/Guardian's Signature | | _____ Daytime Telephone | _____ Date |
| PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER WITH NO ABBREVIATIONS | | | |
| <p>Emergency injections may be administered by non-health professionals. For this reason, only pre-measured doses of epinephrine (Epi-Pen auto injector) may be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.</p> <p>The following injection will be given immediately after report of exposure to: (indicate specific allergens)</p> <p>Route of Exposure: <input type="checkbox"/> Ingestion <input type="checkbox"/> Skin contact <input type="checkbox"/> Inhalation <input type="checkbox"/> Insect bite or sting</p> <p>Check <input checked="" type="checkbox"/> appropriate boxes:</p> | | | |
| <p><input type="checkbox"/> EpiPen</p> <p style="padding-left: 20px;"><input type="checkbox"/> Given the pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution (0.3cc) by auto injection in the thigh.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Repeat the dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)</p> <p><input type="checkbox"/> Epi-Pen Jr.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Give the pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution (0.3cc) by auto injection in the thigh.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Repeat the dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)</p> | | | |
| COMMON SIDE EFFECTS | | | |
| EFFECTIVE DATE: Start: End: | | If student is taking more than one medication at LCA, list sequence in which they should be taken. | |
| <p>Check <input checked="" type="checkbox"/> appropriate box:</p> <p><input type="checkbox"/> I believe that this student has received adequate information on how and when to use an EpiPen, and has demonstrated is proper use.</p> <p style="padding-left: 40px;">a. The student is to carry an EpiPen during school hours with the School Administrator's approval to use in an emergency.</p> <p style="padding-left: 40px;">b. One additional dose, to be used as back-up, should be kept in the school office.</p> <p><input type="checkbox"/> The EpiPen will be kept in the school office or other school approved location</p> <p style="padding-left: 20px;">* Allergy Action Plan is attached.</p> | | | |
| _____ Licensed Health Care Provider's Name | | _____ Licensed Health Care Provider's Signature | |
| _____ Parent's/Guardian's Name | | _____ Parent's /Guardian's Signature | |
| _____ Student's Signature (Required if student carries EpiPen) | | _____ Date | |
| _____ Date | | _____ Phone | |