

**Ohio Department of Health**  
**Authorization for Student Possession and Use of an Epinephrine Autoinjector**  
 In accordance with ORC 3313.718/3313.141

A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine autoinjector to treat anaphylaxis in school.

Student name
Student address

**This section must be completed and signed by the student's parent or guardian.**

As the Parent/Guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.

<b>Parent/Guardian signature</b>	Date
Parent/Guardian name	Parent/Guardian emergency telephone number (      )

**This section must be completed and signed by the medication prescriber.**

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief	
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**Possible severe adverse reactions**

To the student for whom it is prescribed (that should be reported to the prescriber)
To a student for whom it is <b>not</b> prescribed who receives a dose
Special instructions
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As the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.

<b>Prescriber signature</b>	Date
Prescriber name	Prescriber emergency telephone number (      )

Developed in collaboration with the Ohio Association of School Nurses

# Epinephrine Autoinjector (Epi-Pen®) Self Carry Agreement

## May Include in Student's Individualized Healthcare Plan (IHP)

### Student Information

Student name	Grade/Classroom:
<input type="checkbox"/> I plan to keep my epinephrine autoinjector with me at school as my doctor or health provider ordered. Location of my epinephrine autoinjector: _____	
<input type="checkbox"/> I agree to use my epinephrine autoinjector inhaler in a responsible manner as ordered.	
<input type="checkbox"/> I will notify the school health office immediately if my epinephrine autoinjector has been used.	
<input type="checkbox"/> I will never allow any other person to use my epinephrine autoinjector.	
Student signature	Date

### Parent/Guardian

This contract is in effect for the current school year unless revoked by the physician or licensed health provider, or if my child fails to meet the above safety contingencies.	
<input type="checkbox"/> I agree to see that my child carries their medication as prescribed, that the epinephrine autoinjector always contains medication that has not expired.	
<input type="checkbox"/> I was notified that Ohio law requires a "back-up" epinephrine autoinjector is available at the designated school health clinic or office for emergencies. {ORC 3313.718 (3)}	
<input type="checkbox"/> I will review the health status with my child's health care provider on a regular basis and notify the school if anything changes, including a parent/guardian emergency numbers. {ORC 3313.713 (k)}	
Parent/Guardian signature	Date
Emergency contact number (Available at all times)	

### Nurse at School and/or Designated School Personnel

<input type="checkbox"/> The student above has demonstrated correct technique for epinephrine autoinjector use and understanding of the physician order for emergency use.	
<input type="checkbox"/> 911 will always be called if student uses the epinephrine autoinjector during school hours.	
<input type="checkbox"/> School staff that has the need to know about the student's condition and the need to carry an epinephrine autoinjector have been notified and trained according to ORC 3313.713.	
Licensed Health Professional signature	Date
Designated School Employee signature	Date
School Administrator/Principal signature	Date