

SECTION I. PHYSICIAN'S ORDERS FOR EPINEPHRINE AUTO-INJECTOR
(Please print)

(This order is good for 1 year from above date)

Step 2: **EMERGENCY CALLS:** Call 911. State that a student is having an allergic/anaphylactic reaction and request paramedics transport student to hospital. Then contact parent/guardian.

SECTION II: To be completed by parent/guardian:

Mother: _____ Home phone _____ Work phone _____
Cell phone _____ Pager _____

Father _____ Home phone _____ Work phone _____
Cell phone _____ Pager _____

Other emergency contact:

Name _____ Relationship _____
Home phone _____ Work phone _____
Cell phone _____ Pager _____

PARENT/GUARDIAN (Please initial each item and sign below)

1. I/We have reviewed the written orders of our physician with regard to the administration of an epinephrine auto-injector should our son/daughter _____ have an allergic reaction to _____. Yes _____ No _____

2. I/We agree to provide 2 Epinephrine auto injectors to the school. One is to be carried by the student if approved to self administer, the other will be kept in a secure location at school. (These must be labeled by pharmacy with student's name, physician's name) Yes _____ No _____

3. I/We consent to the school nurse assigning and training a volunteer delegate to administer the epinephrine auto injector during school and at school activities, in the event that our child is not approved by his/her physician to self administer, or if approved to self administer, he/she is unable to do so and the nurse is not available. Our son/daughter will be immediately transported to the nearest hospital emergency room by EMS after administration of epinephrine. Yes _____ No _____

4. I/We understand that if our student is approved by his/her physician to self administer, it is his/her responsibility to have the epinephrine auto injector with him/her at all times, both in school, on school trips and other school activities. The medication is to be kept in its original prescription container. If the need arises for use of the auto injector outside the school building and our child does not have the auto-injector with him/her, we understand that EMS will be called immediately. Yes _____ No _____

5. I/We acknowledge that GCHS, its employees and agents shall incur no liability and shall be held harmless against any claims that may arise relating to the administration, supervision, training, or self administration of medication. Yes _____ No _____

Parent/Guardian signature _____ Date _____