



MEDICATION AUTHORIZATION FORM

Part I: To be Completed by the Parent/Guardian

We strongly encourage medications to be administered at home. All new medication must be administered at home first. I hereby authorize the release, indemnify, and hold harmless the school and its staff members for the use of the medication as directed below. I agree to demand or action on my part.

Parent's Signature

Daytime Phone

Date

Part II: To be completed by a PHYSICIAN for medicine (prescription or non prescription) that is to be administered longer than 10 work days (Example: Inhalers, Epi-pens)

For Epi-pens: Emergency injections may be administered by non-health professionals. For this reason, pre-measured doses of pinephrine may be administered. It should be noted that these staff members are not trained nurses; therefore, they cannot observe for the development of symptoms before administering the injection. I understand that the rescue squad will always be called when pinephrine is injected (whether or not the child manifests any symptoms of anaphylaxis). The following injection will be given immediately after report of exposure to:

Indicate specific allergen and type of exposure (i.e. ingestion, skin contact, inhalation)

Check as appropriate (medication expiration date must be clearly indicated) Epi-Pen/Epi-Pen Jr

- ' Give the pre-measured dose by auto injection
- ' Repeat dose in 15 minutes if rescue squad has not arrived (2 kits needed)

Please select one of the following (inhalers and epi-pens only):

- ' I believe it is best for the school staff to carry the medication
- '
- '

Physician's Name and Phone Number

Physician's Signature

Date

Office Use Only

This form is *complete and the medication is appropriately labeled*. Initial _____ Date _____
 The child _____ (has/has not) been approved to carry own Epi-Pen or Inhaler.

