



Student Name _____

Date of Birth _____

Known Allergies: _____

Part I to be completed by Parent or Guardian

I hereby request designated school personnel to administer an epinephrine injection as directed by this authorization. I agree to release, indemnify, and hold harmless Trinity School at Meadow View, the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for administering this injection. I am aware that the injection may be administered by a non-health professional.

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 or Guardian Name (Print or Type)

Parent Signature

Date

Part II to be completed by a Licensed Health Care Provider

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.

The following injection will be given immediately after report of exposure to _____

Route of Exposure: ☐ Ingestion ☐ Skin contact ☐ Inhalation ☐ Insect bite or sting
OR

The following symptoms

☐ Swelling of the throat, lips, tongue, tightness/change of voice, difficulty swallowing
☐ Sudden difficulty breathing, wheezing ☐ Feeling of apprehension, agitation
☐ Tingling sensation, itching, or metallic taste in mouth ☐ Vomiting PLUS one of the above symptoms
☐ Other _____

Check appropriate orders:

☐ Epinephrine injector- Give the pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution (0.3cc) by auto injection intramuscularly in the anterolateral thigh. Repeat the dose in 15 minutes if EMS has not arrived.

☐ Epinephrine injector Jr. - Give the pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution (0.3 cc) by auto injection, intramuscularly in the anterolateral thigh. Repeat the dose in 15 minutes if EMS has not arrived.

COMMON SIDE EFFECTS:

EFFECTIVE DATE: _____ Start: _____ End: _____

Please choose one below:

This patient has received adequate information on how and when to use an EpiPen, and has demonstrated its proper use.

☐ The patient is to carry an epinephrine injector during school hours. The student can use the epinephrine injector properly in an emergency. One additional dose, to be used as backup, should be kept in clinic or other school location.

☐ Two epinephrine injectors will be kept in the school clinic or other school approved location.

Licensed Health Care Provider (Print or Type)

Licensed Health Care Provider Signature

Phone

Date