Epinephrine Auto-Injector Medication Authorization

to access and use prescribed medications during school
ONE FORM PER MEDICATION

Health, Family and Community Services
Columbus Ohio 43215

Student Name______________________________ Date of Birth__________ School Year______
Home Address______________________________ School___________________ HR/Grade _____

Healthcare Provider to Complete:

I verify this medication has been prescribed for above student in the event of signs or symptoms of an allergic reaction and/or suspected exposure to the following allergen(s): ______________________________________

Signs or symptoms ____

Medication_______________________________ Dosage_____________ Route________________

Beginning Date ___________ Expiration Date___________ or end of school year

CALL 911 when medication is administered. Repeat dose if medication does not produce relief ☐yes ☐no

Other medications prescribed to this student (home & school) ____

THIS SECTION IS ONLY FOR THE PERMISSION TO SELF CARRY:
I provided the student with training in the use of an auto-injector and he/she has demonstrated its proper use. ☐ yes ☐ no
The student is capable of possessing and self-administering the auto-injector per ORC 3317.716 and 3313.718. ☐ yes ☐ no

Per state law, I prescribed a back-up auto-injector to be kept at school for as needed use by trained staff. ☐yes ☐no
Healthcare Provider Signature______________________________________ **Date**______________

Provider Name ____________________________________

Practice Address ____________________________________

____

Phone________________ Fax ______________

Please fill contact information to left or stamp here

Parent to Complete:

Parent/Guardian Name____________________________ **Phone Numbers** _____________ **or** ______________

To the Parent or Guardian: The following information is necessary for any student who uses medication in school.

- **Both the parent and healthcare provider portions of this form must be completed**.
- A new Medication Authorization form is required each school year and when there is a change in the medication.

- I authorize the student named above to have access to and use the medication as ordered above.
- I understand my student's epinephrine auto-injector will be stored in the school medication cabinet to ensure its availability and will have the assistance of trained staff as needed.
- If my student is determined capable to self-carry and self-administer by myself, the healthcare provider and the school nurse, then I authorize my student to carry and use their epinephrine auto-injector as prescribed above, at school and school events: **☐yes ☐no.**
  - I will instruct my child to inform school staff if he/she has used the auto-injector so school staff can immediately call 911.
  - I agree to provide the school with backup dose of epinephrine as required by law.
- I understand emergency medical service will be called if the epinephrine auto-injector is used. I understand the medication must be in the original container and properly labeled with student's name, date, prescriber's name, name of medication, dosage, strength, route and time of administration and drug expiration date.
- I assume responsibility for the safe delivery of the medication to school and will notify the school immediately with any medication changes.
- I authorize Columbus City School Health Services staff to communicate with the student's healthcare provider as needed.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature ______________________________________ **Date**_________________

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity /expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities. 8/19