

## The Summit Academy Epi Pen Authorization

Student Name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ 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 The Summit Academy, 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 LICENSED HEALTH CARE PROVIDER WITH NO ABBREVIATIONS.

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 \_\_\_\_\_  
(Indicate specific allergens)

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

Check appropriate orders:

Epi Pen - 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. **(TWO PRE-MEASURED DOSES WILL BE NEEDED IN SCHOOL.)**

Epi Pen 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. **(TWO PRE-MEASURED DOSES WILL BE NEEDED IN SCHOOL.)**

COMMON SIDE EFFECTS: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

This patient has received adequate information on how and when to use an EpiPen, and has demonstrated its proper use.  
**Please check either a or b below:**

- a. The patient is to carry an Epi Pen during school hours. The student can use the Epi Pen properly in an emergency. One additional dose, to be used as backup, should be kept in clinic or other school location.
- b. Two Epi Pens 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

Received:

Signatures complete:

#### FOR OFFICE USE ONLY

Date medication received: \_\_\_\_\_

Epi Pen labeled:

2<sup>nd</sup> Epi Pen labeled

Employee initials: \_\_\_\_\_

Student initial (last name):

Expiration date: \_\_\_\_\_