OFFICE OF CATHOLIC SCHOOLS DIOCESE OF CHARLESTON EPINEPHRINE AUTO INJECTION AUTHORIZATION

Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPI	TO BE COMPLETED BY PARENT OR GUARDIAN					
from lawsuits, claim expense, demand or action guardian orders set forth in accordance with the outlined on the back of this form and assume re-	n, etc., against the provision of esponsibility as	hem for administering this part II below. I am aware required	injection, provided the designate that the injection may be admi	d school personnel comply with the nistered by a specifically trained no	narmless the designated school personnel, or agents Licensed Healthcare Provider (LHCP) or parent or on-health professional. I have read the procedures	
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.						
Student Name (Last, First, Middle)			Date of Birth			
Allergies			School		School Year	
No LPN or clinic room aide shall administer inhaler or treatment, unless the principal has reviewed all the required clearances						
Parent or Guardian Signature			Daytime Telepho	ne	Date	
PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER WITH NO ABBREVIATIONS.						
Emergency injections may be administered by non-health professionals. These persons are trained by qualified registered nurses to administer the injection. For this reason, only pre-measured doses of epinephrine (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.						
Indicate the type of Epinephrine Auto Injection device prescribed:						
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 boxes indicating the dosage:						
Give the pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution (0.3cc) by auto injection intramuscularly in anterolateral thigh.						
☐ Repeat the dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)						
Give the pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution (0.3 cc) by auto injection, intramuscularly in 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:		If the student is taki	ng more than one medicati	ion at school, list sequence in	which medications are to be taken	
Check ✓ appropriate box:						
☐ I believe that this student has received.	ved adequate	e information on how a	and when to use an auto in	jector, and has demonstrated i	its proper use.	
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b. One additional dose, to be used as backup, should be kept in clinic or other school location.						
☐ The auto injector will be kept in the school clinic or other school approved location						
☐ Allergy Action Plan is attached.						
Licensed Health Care Provider (Print or	Type)	Licensed Health Care	Provider (Signature)	Telephone or Fax	Date	
Parent or Guardian (Print or Type)	Parent or Guard	lian Signature	Telephone	Date	
	Student S	Signature (Required if	f student carries auto inject	 or)	 Date	
PART III TO BE COMPI			GISTERED NURSE			
Check ✓ as appropriate:						
Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)						
Date by which any unused auto injectors are to be collected by the parent (within one week after expiration of the physician order or on the last day of school).						
☐ I have reviewed the proper use of an auto injector with the student and agree/disagree that student should self carry in school.						
						
Signatu	re		Date			

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

- 1. In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here.
- 2. Schools do NOT provide medications for student use.
- 3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
- 4. Medication forms are required for each Prescription and Over The Counter (OTC) medication administered in school.
- 5. All medication taken in school must have a parent/guardian signed authorization. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.
- 6. The parent or guardian must transport medications to and from school.
- 7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, auto injector). If the student self carries, it is advised that a backup medication be kept in the clinic.
- 8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
- 9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of Birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administered
 - i. Common side effects
 - k. Duration of medication order or effective start and end dates
 - 1. LHCP's name, signature and telephone number
 - m. Date of order
- 10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
- 11. All Over the Counter (OTC) medication must be prescribed by a doctor or dentist and must be in the original, small, sealed container with a current pharmacy prescription label. **Medication sent in baggies or unlabeled containers will not be given.**
- 12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
- 13. Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student. Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, auto injector)
- 14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

I hereby request that the medication specified above be given to the above named student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Diocese of Charleston, its servants, agents, and employees, including, but not limited to the parish, school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Charleston, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Signature of Parent/Guardian:	Da	Date:
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