

Epinephrine Autoinjector or Severe Allergy Medication Administration Record (MAR) Part 2

Prescriber order(s) and signature required on Part 1. A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine autoinjector in school to alleviate allergy symptoms

Student Information

A

Student name	Date of birth
Student address	Grade/Classroom

Parent/Guardian Authorization

B

- I authorize a designated employee of the school board to administer the prescribed medication as ordered for my child
- I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed
- I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist should a question come up about the medication
- Medication and medication form must be received by the principal, his/her designee or the school nurse
- I understand that the medication must be in the **original container** and be **properly labeled** with the student name, prescriber name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate
- By law, I agree that it is important to keep a back up epinephrine autoinjector at the school's designated location
- I understand I must to come into the school office/clinic when my child's medication is discontinued by the prescriber or at the end of the school year, or medication will be disposed of one week post-discontinuation orders or school year end

Parent/Guardian signature	Date	#1 contact phone ()	#2 contact phone ()
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Self-Carry Authorization

C

Parent must below to indicate student is allowed to self-carry their epinephrine autoinjector

- I authorize and recommend self-medication by my child for the prescribed listed medication
- I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending prescriber

Parent/Guardian signature	Date	#1 contact phone ()	#2 contact phone ()
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Do not write below (For school staff only)

D

Reviewed by	Title/Position	Date
Comments		