

EPINEPHRINE AUTHORIZATION

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SII

PART I PARENT OR GU	JARDIAN TO COMPLETH
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I hereby authorize Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to administer epinephrine injection(s) as directed by the physician (part II). I agree to release, indemnify, and hold harmless FCPS, FCHD, and SACC and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for administering the injection, provided they follow the physician's order (part II.) I am aware that the injection may be administered by a specifically trained nonhealth professional. I have read the procedures outlined on the back of this form and assume responsibility as required. 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	School Name				School Year	Grade		
No School Board employee, public health nurse, or clinic room aide shall administer medication or treatment, as an exception under School Board policy, unless all the required clearances have been personally reviewed by the principal or his or her designee.								
Parent or Guardian Signatur	re		Daytime Telephone		Date			
PART II PHYSICIAI	N TO COMPLETE							
Emergency injections are usually administered in FCPS or SACC by nonhealth professionals. These persons are trained by the school public health nurse to administer the injection. For this reason, only premeasured doses of epinephrine 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 sting or bite								
Check the appropriate boxes:								
Repeat dose EpiPen Jr. Give tl Repeat dose Twinject 0.3mg C Repeat dose Twinject 0.15mg Repeat dose Check the appropriate box: I believe that this student has The student is to ca properly in an emen	arry an EpiPen or Twinject or gency. One additional dose	ot arrived. (Two premeas 5mg epinephrine 1:2000 ar ot arrived. (Two premeas of 0.3mg epinephrine 1:10 ot arrived. of 0.15mg epinephrine 1: ot arrived. tion on how and when to u during school hours with th e, to be used as backup, sh	ured doses will be neede queous solution (0.3cc) h ured doses will be neede 00 aqueous solution (0.3 2000 aqueous solution ((use epinephrine. ne principal's knowledge pould be kept in clinic or	d in school.) by autoinjection. d in school.) cc) by autoinjection. 0.3cc) by autoinjection.	EpiPen or Twinject			
The EpiPen or Twinject will be kept in the school clinic or following school-approved location:								
Effective date: Curre	ent school year Fr	com	То					
Physician Name (Print or Ty	pe)	Physician Signature		Telephone or Fax	Date			
Parent or Guardian Name (F (Required if student carries e			Telephone	Date				
Student Signature (Required if student carries e	pinephrine)	Date						
PART III PRINCIPA	L OR PRINCIPAL DES	GIGNEE TO COMPLE	ГЕ					
Check $$ as appropriate:								
	ve are complete including si propriately labeled.	D	ate by which any unused	written on the physician medication is to be colle piration of the physician of	cted by the parent.	/		
Principal or Principal Designee Signature Date								
Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have								

access to such information without the written consent of the parent, guardian, or eligible student.

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

- 1. Epinephrine may be given in school, during school-sponsored activities, or at SACC only with both physician and parent or guardian-signed authorization.
- 2. This form must be on file in the clinic or in an other approved location. The parent or guardian is responsible for obtaining the physician's statement in part II. For a student who attends SACC, a copy of the medication form must be on file with SACC.
- 3. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
- 4. A physician may use office stationery or a prescription pad in lieu of completing part II. Information necessary includes:
 - Name of student
 - Specific allergen for which epinephrine is being prescribed
 - Route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bite)
 - Brand name of medication
 - Amount of premeasured epinephrine
 - Time for repeated dose if deemed necessary
 - Duration of medication order and effective dates
 - Physician signature
 - Date
- 5. Only premeasured doses of epinephrine may be given by FCPS, FCHD, and SACC staff members.
- 6. Medication must be properly labeled by a pharmacist. If a physician orders include a repeat of EpiPen or Twinject injection for a student who carries his or her own, then the parent or guardian must supply the school with two EpiPens or Twinjects. Expiration date must be clearly indicated.
- 7. Epinephrine must be hand-delivered to the school clinic by the parent or guardian unless approved for the student to carry during school and SACC hours.
- 8. Unless the student has been authorized to carry epinephrine, the parent or guardian is to collect any unused epinephrine within one week after the end of expiration of the order or on the last day of school. Epinephrine not claimed within that period shall be destroyed.