

EpiPen Authorization

SECTION 1—PARENTS OR GUARDIAN TO COMPLETE

I hereby authorize Gaston Christian School personnel to administer emergency epinephrine injections as directed by the physician (section II). I agree to release, indemnify, and hold harmless GCS and any of their officers, staff members, or agents from lawsuit, claim expense demand or action, against them for administering the injection, provided they follow the physicians's order as written in section II below. I am aware that a non-health professional may administer the injection. This form will also be the authorized form used for off campus activities, including overnight trips.

I understand that emergency medical services (EMS) will always be called when epinephrine is given.

Student Name

Date of birth

Parent or Guardian signature

Daytime telephone

Date

SECTION II—PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT TO COMPLETE

Effective date: From _____ To _____

The injection will be given immediately after report of exposure with reaction to:

_____.

Route of exposure (circle): ingestion / skin contact / inhalation / insect sting or bite

Check appropriate boxes:

- EpiPen**
 - Give the pre-measured dose of 0.3 mg epinephrine by autoinjection
- EpiPen Jr.**
 - Give the pre-measured dose of 0.15 mg epinephrine by autoinjection

Check appropriate box:

This student has received adequate information on how and when to use an EpiPen and has demonstrated use.

- The student is to carry EpiPen during school. The student can use the EpiPen properly in an emergency.
- The EpiPen will be kept in the school health room or other school-approved location.

Physician/Nurse Practitioner/Physician Assistant Signature:

Date: