

Urbana School District #116
1101 E. University Avenue, Suite B, Urbana, IL 61802
217-384-3600

- **SELF-ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR AUTHORIZATION FORM** -

To be completed by Parent/Guardian:

Student's Name _____ Date of Birth _____
Address _____ Home Phone _____
School _____ Grade _____ Emergency Phone _____

As parent or guardian of the above-named student, I acknowledge that Urbana School District #116 and its employees and agents are to incur no liability except for willful and wanton conduct as a result of injury arising from the self-administration or carrying of an epinephrine auto-injector by my child. I indemnify and hold harmless the school district, its employees and agents against any claims, except a claim based on willful and wanton conduct arising out of the self-administration or carrying of an epinephrine auto-injector by my child. I will notify the school of changes in the medication or in my child's condition.

Parent Signature _____ Date _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN/PHYSICIAN ASSISTANT/ADVANCED PRACTICE NURSE:

I am requesting the above-named student be allowed to self-administer the following epinephrine auto-injector during school hours.

Medication _____ Dosage _____
Time(s) to be given _____ Possible side effects _____
Effective date – From: _____ To: _____

As a health care provider for the above-named student, I certify that the child has been instructed in the use and self-administration of the above-named medication and the necessity to report to school personnel any unusual side effects. The child is capable of using this medication independently.

Name of Physician, Physician Assistant, or Advanced Practice Nurse (Print)

Signature/Date

Phone # of Physician, Physician Assistant, or Advanced Practice Nurse

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SCHOOL SELF-ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR GUIDELINES

The parent/guardian and physician, physician assistant, or advanced practice nurse may request a student be allowed to carry and self-administer their epinephrine auto-injector while at school.

Parent help and consideration is essential in providing for the safety of all students attending school.

- 1) The epinephrine auto-injector must be prescribed by a physician, physician assistant, or nurse practitioner authorized to prescribe such medication.
- 2) Medication should be sent in a correctly labeled prescription container.
- 3) A school epinephrine auto-injector self-administration authorization form must be completed by the physician, physician assistant, or advanced practice nurse and parent or guardian.
- 4) Parents are responsible for notifying the school of any changes in the medication or in their child's condition.
- 5) It is recommended an additional dose of the epinephrine auto-injector be kept at the school for the child's protection in case they have misplaced or forgotten their medication.
- 6) The permission for self-administration of medication is effective for **ONLY** the school year during which it is granted.
- 7) A student may possess his/her epinephrine auto-injector while in school, at a school sponsored activity, while under the supervision of school personnel or before or after school activities such as while in before or after school care on school operated property.

Please contact the the Building Nurse or the District Nurse Ph # 384-3549 if you have any questions.