



Madison Local School District

Madison Elementary School (513) 420-4755, (513) 420-4915 Fax

Madison Middle School (513) 420-4916, (513) 420-4990 Fax

Madison Junior-Senior High School (513) 420-4760, (513) 420-4914 Fax

AUTHORIZATION FOR STUDENT POSSESSION AND USE

OF AN EPINEPHRINE AUTOINJECTOR

(In accordance with Ohio Revised Code 3313.718/3313.141)

A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine autoinjector to treat anaphylaxis in school.

Name of Student _____ Birth Date _____

Student's Address _____

Street

City

Zip Code

School _____ Class/Grade _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE STUDENT'S PARENT OR GUARDIAN:

As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector as prescribed at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed _____

Parent/Guardian Emergency Telephone Number _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE MEDICATION PRESCRIBER:

Medication _____ Dosage _____

Date to Begin _____ Date to end (if known) _____

Circumstances for use of the epinephrine autoinjector _____

Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief:

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the prescriber) _____

To the student for which it is *not* prescribed who receives a dose _____

Special Instructions: _____

As the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.

Prescriber Signature _____ Date _____

Prescriber Name Printed _____

Prescriber Emergency Telephone Number _____