



# Linton Hall School

## AUTHORIZATION TO ADMINISTER EPI-PEN FOR MANAGEMENT OF EMERGENCY ACUTE ALLERGIC REACTIONS

### ***PART I: TO BE COMPLETED BY PARENT/GUARDIAN:***

I request that this medication be available in school as prescribed by my student's physician.

My child IS \_\_\_\_\_ IS NOT \_\_\_\_\_ capable of self-administering the Epi-Pen if needed.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ want my child to carry the Epi-Pen during the school day.

I acknowledge that Linton Hall School, staff and agents will not be held responsible for reactions to the medication, an improper dosage in the Epi-pen, etc., and will only be responsible for injuries relating to negligent physical administration of the medication.

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Home) (Work/Emergency)

### ***PART II: TO BE COMPLETED BY PHYSICIAN:***

Name of medication: EPI-PEN (EPINEPHRINE AUTO INJECTOR)

***ANAKIT WILL NOT BE ACCEPTED IN SCHOOL***

***EPI-PEN WILL NOT BE USED FOR ROUTINE MANAGEMENT OF ASTHMA***

Reason for medication: Management of acute allergic reaction to:

- \_\_\_\_\_ a. stinging insects (bees, wasps, hornets, yellow jackets)
- \_\_\_\_\_ b. ingestion of \_\_\_\_\_
- \_\_\_\_\_ c. other \_\_\_\_\_

Medication is to be given:

- \_\_\_\_\_ a. immediately after insect sting
- \_\_\_\_\_ b. immediately after ingestion of \_\_\_\_\_
- \_\_\_\_\_ c. other circumstance \_\_\_\_\_

Route of administration: intramuscularly into anterolateral aspect of thigh.

Dosage of medication: \_\_\_\_\_ Epi-Pen 0.15 mg \_\_\_\_\_ Epi-Pen 0.30 mg

Possible side effects: \_\_\_\_\_

Physician: \_\_\_\_\_  
(Signature) (Printed name)

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III: TO BE COMPLETED BY ADMINISTRATOR:**

Check as appropriate:

- Part I and II above completed with all information.       Medication label and dosage match physician order.
- Medication is properly labeled.
- I have reviewed the proper use of the Epi-Pen with student and agree/disagree that student should carry it in school.

Administrator signature: \_\_\_\_\_

Date: \_\_\_\_\_