

Gahanna Jefferson Public Schools

160 South Hamilton Road • Gahanna, Ohio 43230 • (614) 471-7065

Re: SELF-POSSESSION OF EPINEPHRINE AUTOINJECTOR

Dear Parents,

We strongly urge that all medications be administered at home whenever possible. Please consult the prescriber to determine if this medication is necessary to have at school as well as if it is appropriate, safe and feasible for your child to self-carry AND self-administer an epinephrine autoinjector.

Before a student may possess and self administer an epinephrine autoinjector to treat anaphylaxis in school, State of Ohio law (Section 3313.718/3313.14 1 O.R.C.) requires that:

1. The parent must complete and sign the parent portion of the permission form.
2. The licensed prescriber must complete and sign the provider portion of the form. A note from the prescriber will not be accepted.
3. Both sections must be completed and returned BEFORE the student can carry the autoinjector at school.
4. The medication must be brought to school in the original container labeled with your child's name, the provider's name, the name of the medication, the dose and time it is to be taken.
5. A backup autoinjector dose MUST be kept in the clinic at all times.
6. A new Authorization for Student Possession and Use of an Epinephrine Autoinjector must be completed each year.

These policies are for the health and safety of your child, as well as all students in our schools. If you have any questions, please contact the school nurse or principal.

Thank you,

School Nurse

GAHANNA JEFFERSON PUBLIC SCHOOLS
AUTHORIZATION FOR STUDENT POSSESSION AND USE OF AN EPINEPHRINE AUTOINJECTOR

In accordance with ORC 3313.718/3313.141

A completed form must be provided to the school principal or nurse **BEFORE** the student may possess and self administer an epinephrine autoinjector to treat anaphylaxis in school.

This section MUST be completed and signed by the student's parent or guardian.

Student Name _____

Student Address _____

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 will provide a backup dose of the medication to the school principal or nurse as required by law. I also understand that a school employee will immediately request assistance from an EMS provider if this medication is administered.

Parent/Guardian Name _____ Emergency phone # _____

Parent/Guardian Signature _____ Date _____

This section MUST be completed and signed by the medication prescriber.

Name and dosage of medication _____

Date self-carry administration begins _____ Date self-carry administration ends _____

Reason for use of epinephrine autoinjector _____

Procedure if the student is unable to administer the medication or if it does not produce the expected relief

Possible severe adverse reactions:

For student it is prescribed for _____

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

Special instructions _____

As the prescriber: (initial each requirement)

_____ I have determined that this student is capable of possessing **and self administering** an autoinjector appropriately.

_____ I have provided the student with training regarding proper use of the autoinjector.

Prescriber name _____ Emergency phone# _____

Prescriber signature _____ Date _____

School Nurse checklist (date and initial each)

_____ Both sections of form completed

_____ Date backup autoinjector received

_____ Return demonstration of proper use of autoinjector by student