

EPINEPHRINE AUTHORIZATION

PART I: Parent or Guardian To Complete

I hereby request Brookfield School/Camp personnel to administer epinephrine in school/camp as prescribed for the student identified below. I agree to release, indemnify, and hold harmless Brookfield School/Camp, and any of their officers, staff members, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student with the epinephrine, provided Brookfield School/Camp personnel are following physician instructions as written in part II below. I am aware that the injection may be administered by a specifically trained non-health professional. I assume responsibility as required.

I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Student Name (Last, First, Middle)

Date of Birth

School Year or Camp Year

No school or camp employee shall administer medication or treatment unless all the required clearances and/or documentation has been personally reviewed by the Director or his/her designee.

Parent / Guardian Signature

Daytime Telephone

Date

PART II: Physician to Complete

Emergency injections are administered at Brookfield School and Camp by non-health professionals. These persons are trained by Fairfax County health professionals to administer the injection. For this reason, only pre-measured doses of epinephrine may be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.

The following injection will be given immediately after report of exposure to: _____
Indicate specific allergen

Route of Exposure: ___ Ingestion ___ Skin Contact ___ Inhalation ___ Insect Sting or Bite

Please check appropriate lines:

___ EpiPen ~ Give the pre-measured dose by autoinjection.
___ Repeat dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)

___ EpiPen Jr. ~ Give the pre-measured dose by autoinjection.
___ Repeat dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed in school.)

___ Twinject 0.3mg ~ Give the pre-measured dose by autoinjection.
___ Repeat dose in 15 minutes if EMS has not arrived.

___ Twinject 0.15mg ~ Give the pre-measured dose by autoinjection.
___ Repeat dose in 15 minutes if EMS has not arrived.

I believe that this student and his/her parent has received adequate information on how and when to use this prescription. I also understand that, according to Brookfield School policy, these prescriptions will be kept in a locked and easily accessible location.

Effective Date: _____ Current School Year _____ From _____ to _____

Physician Name (print)

Physician Signature

Office Telephone

Date

Parent / Guardian Name (print)

Parent / Guardian Signature

Date

PART III: Director or Director Designee to Complete

Please check appropriate line:

_____ Parts I and II are completed including signatures. (Items in Part II can be written on the physician's stationery or a prescription pad.)

_____ Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent.
(Within one week of the expiration of the order or on the last day of school/camp.)

Director or Director Designee Signature

Date