

St Lucie Public School-Division of Student Services
PHYSICIAN AUTHORIZATION FORM FOR Epinephrine Auto Injector

Part I: (to be completed by physician's office)

Name of Student _____ DOB _____

The above-named student has a severe allergy and must have the following emergency medication:

- Epinephrine Auto Injector Jr. 0.15 mg**
- Epinephrine Auto Injector 0.3 mg**
- Neffy 1mg** (Epinephrine nasal spray)
- Neffy 2mg** (Epinephrine nasal spray)

Allergen (s): _____

Reactions to allergens: _____

This student has a history of **Asthma**: () Yes OR () No

This student has had a previous episode of **Anaphylaxis**: () Yes OR () No

Choose one:

Trained school staff will administer the epinephrine which will be stored unlocked in the school clinic.

OR

The student should **carry and self-administer** the epinephrine.

According to Florida statutes students are allowed to carry and self-administer **Epinephrine**. This student has received adequate information on how and when to use their medication and they can use it properly. The student is to carry the medication on their person with the principal's knowledge.

Choose: The epinephrine should be administered under the following "specific" conditions.

Immediately post exposure to the allergen

OR

Administer only if the following reactions occur (please check **all** that apply):

- Shortness of Breath/Wheezing
- Generalized Hives/Rash
- Anxiety
- Generalized Swelling/Edema
- Other _____

Physician Signature Date

Physician Print Name Telephone Fax

Part II: (to be completed by parent/guardian)

I authorize the principal or principal's designee to assist or perform the administration of the medication for my child. I certify that the prescribed medication is in its original container and that it is medically necessary, according to my physician's instructions, for this medication to be provided during the school day and when my child is on a field trip for educational purposes (which can extend beyond normal school hours). I understand this medication will be given only according to the directions on the Physician's Authorization form as prescribed by the doctor. I understand that is my responsibility as the parent/guardian to provide the epinephrine and the Physician's Authorization form annually at the beginning of the school year and to replace it when it is expired. I further understand that, at the end of the school year, it will be my responsibility to pick-up any unused medication by the last day of the school year, otherwise the school will dispose of the medication. If indicated by the physician that the medication is to be self-carry, I give my permission for my child, named in part I, to self-administer the medication. A licensed health care provider has prescribed this medication, and my child has been instructed on its use. I understand that 911 will be called if epinephrine is administered.

Parent/Guardian Signature Parent/Guardian Print Name Date

Health Paraprofessional: _____
Date

Principal: _____
Date

Registered Nurse: _____
Date

PARENT INFORMATION SHEET ON SCHOOL MEDICATION POLICY

If a student requires that medication be administered at school during the school day, FL Statutes and SLPS policy requires written authorization from a parent/guardian and the student's health care provider for both prescription and over-the-counter medications.

- The physician authorization form, on the reverse side of this document must be entirely completed by the health care provider. The prescribing health care provider and the parent/guardian must sign and date the authorization before any medication can be given at school.
- Administration of medication during school hours should only occur when medication schedules cannot be adjusted to provide administration at home. School personnel will only administer medication to students who meet the following criteria: those with long-term or chronic disabilities; those with acute conditions, those with learning disabilities that need medication to improve performance at school or those who have a SLPS Physician Authorization or Diabetes Medical Management Plan from their healthcare provider explaining the necessity for the prescribed medication to be provided at school.
- Medications not approved by the Food and Drug Administration (FDA) such as herbal products, oils, elixirs, vitamins, and natural products etc. will not be administered by school personnel; this includes medical marijuana.
- Parents or legal guardians may come to school and give medication to their child after checking in at the front desk and or health room. The only exception is medical marijuana, please refer to SLPS policy for additional information and your school principal.
- All physician authorizations are good for the entire school year including summer school unless an earlier end date is designated. Physician authorizations for a new school year cannot be dated during the last school year.
- Prescription medication must be delivered to the school by the parent/guardian in the current original container as dispensed by the pharmacist. Non-prescription medications must be in their original bottle with label intact. The non-prescription medication must be unopened. Only a 30-day supply can be received by the school.
- The parent must provide any equipment or supplies needed for medication administration such as spacer for inhalers.
- Medication cannot be administered at school if either the discard after date on the pharmacy label or the manufacturers expiration date has passed.
- It is the responsibility of the parent/guardian to cut medication in half or quarters in accordance with the medication dosage on the pharmacy label and physician authorization. If the medication needs to be crushed, placed in food, or poured from a capsule, clear concise directions must be written on the physician authorization by the health care provider. The parent/guardian must provide single serve food items such as apple sauce that is not expired.
- If a medication is expired, discontinued, or it is the end of the school year and the parent/guardian does not pick up the medication within one week (5 days) or the last day of school, the medication will be destroyed as per SLPS policy.
- If your child is authorized by your health care provider to self-carry emergency medications as detailed in FL Statutes and authorized by the parent/guardian; then a copy of the medication label with corresponding expiration dates, must be provided by the parent/guardian and will be placed in the medication book in the health room.

Please see reverse side of this document for Physician Authorization for Medication