



## Epinephrine Auto-Injector Medication Authorization

to access and use prescribed medications during school  
ONE FORM PER MEDICATION

Columbus City Schools  
Health, Family and Community Services  
Columbus Ohio 43215

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
Home Address \_\_\_\_\_ School \_\_\_\_\_ HR/Grade \_\_\_\_\_

**If multiple medications are needed at school, please contact your school nurse for the appropriate forms**

### Healthcare Provider to Complete:

I verify this medication has been prescribed for above student in the event of signs or symptoms of an allergic reaction and/or suspected exposure to the following allergen(s): \_\_\_\_\_

Signs or symptoms \_\_\_\_\_

Medication \_\_\_\_\_ Strength/Concentration \_\_\_\_\_ Dosage \_\_\_\_\_ Route: Inject into thigh  
Beginning Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ or end of school year

Repeat dose in \_\_\_\_\_ minutes if medication does not produce relief **CALL 911 IF MEDICATION ADMINISTERED**

Special Instructions, Precautions and Side Effects to be reported: \_\_\_\_\_

Other medications prescribed to this student (home and school): \_\_\_\_\_

#### **THIS SECTION IS ONLY FOR THE PERMISSION TO SELF CARRY/SELF ADMINISTER:**

I provided the student with training in the use of an auto-injector and he/she has demonstrated its proper use.	yes	no
The student is capable of possessing and self-administering the auto-injector per ORC 3317.716 and 3313.718.	yes	no
I prescribed a back-up auto-injector to be kept at school for as needed use by trained staff.	yes	no

Healthcare Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

Provider Name \_\_\_\_\_

Practice Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Please fill contact information to left or stamp here

### Parent to Complete:

To the Parent or Guardian: The following information is necessary for any student who uses medication in school.

- **Both the parent and healthcare provider portions of this form must be completed.**
- A new Medication Authorization form is required each school year and when there is a change in the medication.
- I authorize the student named above to have access to and use the medication as ordered above.
- I understand my student's epinephrine auto-injector will be stored in the school medication cabinet to ensure its availability and will have the assistance of trained staff as needed.
- If my student is determined capable to self-carry and self-administer by myself, the healthcare provider and the school nurse, then I authorize my student to carry and use their epinephrine auto-injector as prescribed above, at school and school events: **yes no**
  - I will instruct my child to inform school staff if he/she has used the auto-injector so school staff can immediately call 911.
  - I agree to provide the school with backup dose of epinephrine as required by law.
- I understand emergency medical service will be called if the epinephrine auto-injector is used. I understand the medication must be in the original container and properly labeled with student's name, date, prescriber's name, name of medication, dosage, strength, route and time of administration and drug expiration date.
- I assume responsibility for the safe delivery of the medication to school and will notify the school immediately with any medication changes.
- I authorize Columbus City School Health Services staff to communicate with the student's healthcare provider as needed.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE return this form to \_\_\_\_\_, School Nurse**

Email: \_\_\_\_\_ @columbus.k12.oh.us Phone \_\_\_\_\_ Fax 614-365- \_\_\_\_\_



## **Guidelines for Medications at School**

Students needing to take medication during school hours must follow these guidelines:

- **Provide the school nurse with a completed Medication Authorization Form signed by both the parent/guardian and the healthcare provider.**
- **Medications cannot be at school without the form and signatures of both doctor and parents. Medications cannot be held until the medication authorization form arrives.**
- **A new Medication Authorization Form is required each school year AND when there is a change in medication or dose.**
- **All medication must be in the original container in which it was dispensed by the healthcare provider or pharmacy and be labeled with the correct dose and instructions. The medication cannot be expired.**
  - The label must match what is on the Medication Authorization Form.
  - Students taking a medication at both school and home can request 2 separate labeled bottles from the pharmacy to divide the pills to have some at home and school.
  - Students using an inhaler, epinephrine pen or other emergency medications at school can request 2 prescriptions from the healthcare provider in order to have a supply at home and school.
- **Medication must be brought to school by the parent or guardian. Bus drivers cannot be responsible for medications on the bus.**
- **School personnel cannot give over-the-counter medications unless prescribed by a healthcare provider. A Medication Authorization Form is required.**
  - Prescribed over the counter medications follow the same guidelines as stated above for prescribed medications. (Over the counter medications include pain medication such as Tylenol, cough medicine, eye drops, ointments.)
  - Over the counter medications must be in the original container and not expired.
  - A label must be attached to the medication which includes: the student's name, name of medication, dosage, strength, route, time of administration and expiration date. Label must match the Medication Authorization Form.
- **Medications ordered three times a day or less, unless time is specified, may not need to be taken at school. The medication should be given before school, after school and at bedtime.**

***All unused medication must be picked up by the parent/guardian on the last day of student attendance or it will be discarded.***