

**AUTHORIZATION TO PROVIDE EMERGENCY MEDICAL CARE
BY TRAINED SCHOOL PERSONNEL**

Student name: _____ Grade: _____

Parent/Legal Guardian Name: _____

Physician's Name (print): _____

Physician's Office Phone: _____

I hereby authorize and direct the personnel of East Allen County Schools to administer:

_____ by mouth; and EpiPen® or EpiPen Jr.® Auvi-Q®

by subcutaneous injection to my child, as directed below, in case of allergic reaction due to:

food allergy to _____ insect sting from _____

Immediately give epinephrine (EpiPen/EpiPen Jr/Auvi-Q)

Give epinephrine (EpiPen/EpiPen Jr/Auvi-Q) if the listed symptoms occur:

911 will be called if the epinephrine (EpiPen/EpiPen Jr/Auvi-Q) is given

The school nurse has my permission to contact my physician for specific instruction regarding this emergency plan of care for my child. I have been informed by East Allen County Schools and understand that a school nurse may not be present in the school at all times, or present on field trips, I then understand it may be necessary for trained personnel to care for my child. I, therefore, instruct that the oral medication and injection be given if the school personnel reasonably feel that it is necessary. I agree that this information (emergency care plan) may be shared with appropriate staff, on a need to know basis.

I hereby release East Allen County Schools and any of its agents, employees, administrators, from any liability for any injury or harm which is suffered by my child as a result of our District's agreement to honor the above request. I agree to indemnify and hold the District harmless for any legal action or other attempts to acquire compensation, including damages and legal and medical fees, from the District.

I agree to keep the school nurse updated about my child's health, and will contact the school nurse in writing if any changes are made in this emergency care plan.

Parent/Guardian Signature

Date

EpiPen/EpiPen Jr/Auvi-Q Expiration Date: _____