## Parent/Guardian Authorization for Student Possession and Use of an Epinephrine Autoinjector

A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine autoinjector to treat anaphylaxis in school.

Student name	
Student address	
This postion must be consulated and signed by the student	ble we want ou grounding
As the Parent/Guardian of this student, I authorize my child to possess the school and any activity, event, or program sponsored by or in white a school employee will immediately request assistance from an emerge administered. I will provide a backup dose of the medication to the school.	s and use an epinephrine autoinjector, as prescribed, at ich the student's school is a participant. I understand that necrosy medical service provider if this medication is
Parent /Guardian signature	Date
Parent/Guardian name	Parent/Guardian emergency telephone number
I, individually and as the parent/guardia indemnify, and hold harmless the Archdiocese the School, the Parish, and their employees claim, damage, cost, expense, or fee that presence of an epinephrine autoinjector in the	s, agents, and religious from any liability, arises, directly or indirectly, out of the
Parent/Guardian Signature	Date
Parent/Guardian Print Name	

## Note to School:

In addition to the signed authorizations by both the parents/guardians and prescribers, the School must also have received a backup dose of the anaphylaxis medication from the parent/guardian at the time the signed authorizations are received. The School principal, nurse, or other designee, should be responsible for safekeeping the medication and signed authorizations.

Whenever a student uses an autoinjector at School or at any School activity, event, or program, a School employee must immediately request assistance from an emergency medical service provider.