



Diocese of Steubenville
Office of Christian Formation and Schools

Form M-6

**Authorization for Student Possession and Use of an Epinephrine
Autoinjector to treat to Anaphylaxis.**

(In accordance with ORC 3313.718)

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

This Section must be completed and signed by the student's parent or guardian.

Student Name	Date of birth
Student Address	
Parent/Guardian Name	Parent/Guardian emergency telephone number ()
<p><i>By signing this form, the Parent/Guardian authorizes and/or Affirms ALL of the following;</i></p> <ul style="list-style-type: none"> • <i>I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which my child is a participant.</i> • <i>I affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending prescriber.</i> • <i>I understand that a school employee shall immediately request assistance from an emergency medical service provider if this medication is administered.</i> • <i>I will provide a backup dose of the anaphylaxis medication to the school principal or nurse as this is required by law.</i> • <i>I authorize the school nurse or designated employee(s) to administer the anaphylaxis medication if my child is unable to self-administer the medication.</i> 	
Parent/Guardian Signature	Date

This section must be completed and signed by the medication prescriber.

Name and dosage of medication in autoinjector	
Date medication administration begins	Date medication administration ends (if known)
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief	
Possible severe adverse reactions to the student for whom it is prescribed (that should be reported)	
Possible severe adverse reactions to a student for whom it is <i>not</i> prescribed who receives a dose	
Additional special instructions from the prescriber (if any)	
Prescriber Name	Prescriber emergency telephone number ()
<p><i>By signing this form, the Prescriber has determined that this student is capable of possessing and using this autoinjector appropriately and has provided the student with training in the proper use of the autoinjector.</i></p>	
Prescribers Signature	Date

This section is for school staff only.

Reviewed by	Title/Position	Date
Back up dose has been provided? Yes () No ()	Location of Back up dose	