BOILING SPRINGS HIGH SCHOOL SPORTS MEDICINE DEPARTMENT. EPI-PEN AUTHORIZATION

PART I I HEREBY REQUEST BOILING SPRINGS HIGH SCHOOL PERSONNEL AND SPORTS MEDICINE STAFF TO PERMIT THE ATHLETE IDENTIFIED BELOW TO USE AN EPI-PEN IN SCHOOL AND DURING ATHLETIC PRACTICE AND EVENTS AS PRESCRIBED.
STUDENTS NAME DATE OF BIRTH
PARENTS SIGNATUREDATE
PART II PHYSICIAN TO COMPLETE
NON-HEATLTH PROFESSIONALS OR THE HEAD ATHLETIC TRAINER, USUALLY ADMINISTTER THE EMERGENCY INJECTIONS IN BOILING SPRINGS HIGH SCHOOL AND SPORTS MEDICINE DEPT. FOR THIS REASON ONLY PREMEASURED DOSES OF EPINEPHRINE MAY BE GIVEN.
THE FOLLOWING INJECTION WILL BE GIVEN IMMEDIATELY AFTER REPORT OF EXPOSURE TO
ROUTE OF EXPOSURE INGESTION SKIN CONTACT INHALATION INSECT STING OR BITE
CHECK APPROPRIATE BOXES:
EPI-PEN GIVE THE PREMEASURED DOSE OF 0.3MG EPINEPHRINE 1:1000 AQUEOUS SOLUTION (0.3CC) BY AUTOINJECTON.
PRPEAT DOSE IN 15 MINUTES IF EMS HAS NOT ARRIVED. (TWO PREMEASURED DOSES WILL BE NEEDED IN SCHOOL)
EPI-PEN Jr.
GIVE THE PREMEASURED DOSE OF 0.15MG EPINEPHRINE 1: 2 000 AQUEOUS SOLUTION (0.3CC) BY AUTOINJECTON
PRPEAT DOSE IN 15 MINUTES IF EMS HAS NOT ARRIVED. (TWO PREMEASURED DOSES WILL BE NEEDED IN SCHOOL)
EFFECTIVE DATE CURRENT SCHOOL YEAR FROM: TO:
PHYSICAN NAME PHYSICAN SIGNATURE PHONE NUMBER DATE
PARENT/ GUARDIAN NAME (REQUIRED IF STUDENT CARRIES INHALER) PARENT/GUARDIAN SIGNATURE PHONE NUMBER DATE
STUDENTS SIGNATURE DATE
PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE
CHECK AS APPROPRIATE:
MEDICATION IS LABELED APPROPRIATELY
THE STUDENT IS APPROVED TO CARRY AN EPI-PEN
PRINCIPAL OR PRINCIPAL DESIGNEE SIGNATURE DATE

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

- 1. EPINEPHRINE MAY BE GIVEN IN SCHOOL, DURING SCHOOL-SPONSORED ACTIVITIES, ONLY WITH BOTH PHYICIAN AND PARENT/GUARDIAN SIGNED AUTHORIZATION.
- 2. THIS FORM MUST BE ON FILE IN THE OFFICE OR OTHER APPROVED LOCATION. THE PARENT OR GUARDIAN IS RESPONSIBLE FOR OBTAINING THE PHYSICIAN'S STATEMENT, PART II.
- 3. A NEW FORM MUST BE SUBMITTED TO THE SCHOOL EACH YEAR AND WHENEVER THERE IS A CHANGE IN THE DOSAGE OR A CHANGE IN THE CONDITIONS UNDER WHICH EPINEPHRINE IS TO BE INECTED.
- 4. A PHYSICIAN MAY USE OFFICE STATIONERY OR A PRESCRIPTION PAD IN LIEU OF COMPLETING PARTII, IMFORMATION NECESSARY INCLUED:
 - NAME OF STUDENT
 - SPECIFIC ALLERGEN FOR WHICH EPINEPHRINE IS BEING PRESCRIBED
 - ROUTE OF EXPOSURE (E.G., SKIN CONTACT, INHALATION, OR INSECT STING-BITE)
 - BRAND NAME OF MEDICATION
 - AMOUNT OF PREMEASURED EPINEPHRINE
 - TIME FOR REPEAT DOSE IF DEEMED NECESSARY
 - PHYSICIAN SIGNATURE
 - DATE
- 5. ONLY PREMEASURED DOES OF EPINEPHRINE MAY BE GIVEN BY BSHS STAFF AND HEAD ATHLETIC TRAINER
- 6. MEDICATION MUST BE PROPERLY LABELED BY A PHARMACIST. IF PHYSICIAN ORDERS INCLUDE A REPEAT OF EPI-PEN INJECTIONS FOR STUDENT WHO CARRIES HIS OR HER OWN, THEN THE PARENT MUST SUPPLY THE SCHOOL WITH (2) EPI-PENS. EXPIRATION DATE MUST BE CLEARLY INDICATED
- 7. MEDICATION MUST BE HAND-DELIVERED TO THE SCHOOL BY THE PARENT OR GUARDIAN UNLESS APPROVED FOR THE STUDENT TO CARRY DURING SCHOOL HOURS AND ACTIVITIES
- 8. PARENT IS TO COLLECT ANY UNUSED MEDICATION WITHIN ONE WEEK AFTER THE END OF EXPIRATION OF ORDER OR ON THE LAST DAY OF SCHOOL. MEDICATION NOT CLAIMED WITHIN THAT PERIOD SHALL BE DESTROYED