



Request & Authorization for the ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS at School (including EPI-PEN®, EPI-PEN Jr.®, and TWINJECT®)

THIS FORM IS TO BE RETURNED TO THE SCHOOL

PART 1: TO BE COMPLETED BY THE PARENT/GUARDIAN/STUDENT – if not a minor

I request the _____ to ensure that _____

School

Name of Student

D.O.B.

receive the medication prescribed by _____ as attached.

- Notes: 1. The medication provided must be supplied in the original prescription container... 2. Authorization must be signed by the student or... 3. It is understood that the request is being made for school staff to undertake the administration of medicine...

Is the child competent to administer the Auto-Injector? Yes ___ No ___ Should the child carry the Auto-Injector? Yes ___ No ___

ACKNOWLEDGEMENT:

I acknowledge that non-medical personnel are being asked to undertake the administration of medication or medical procedures to my son/daughter _____ I understand that there is some inherent risk in having non-medical personnel undertake the administration of medications and procedures, and accept the risks associated with this request.

Date: _____ Signed: _____ (parent/guardian/student – if not a minor)

Address: _____

PART 2 TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN

The following medication has been prescribed. It is necessary for this medication to be administered during school hours by personnel other than the parent/legal guardian.

Medication/Dosage/Method of Administration:
Indications for Administration :
Other Instructions:
Cautions/Notable Side Effects:
Period of Authorization: From: To:
Prescribing Physician's Name: (Please print)
Address: Telephone Number:
Date: Prescribing Physician's Signature

Authorization for the collection of this information is in the Education Act. The information will be used to assist the WECDSB in implementing health support services to students, including emergency administration of prescribed medication. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year and then shredded. Contact person concerning this collection is the school principal. This form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.



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FACT SHEET

Use of EPINEPHRINE AUTO-INJECTORS in the School (including EPI-PEN®, EPI-PEN Jr.®, and TWINJECT®)

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NOTE: SCHOOL STAFF ARE ADVISED BY THE HEALTH UNIT TO ADMINISTER ~~EPI-PEN®~~ EPINEPHRINE AUTO-INJECTORS **IMMEDIATELY** UPON EXPOSURE OF THE CHILD TO THE IDENTIFIED ALLERGEN AND THERE IS ANY SIGN OF DIFFICULTY. AN AMBULANCE IS CALLED AND THE CHILD IS TRANSPORTED TO THE HOSPITAL. THE INDIVIDUAL ANAPHYLACTIC PLAN (WITH PLAN FOR EMERGENCY TREATMENT) MUST BE FOLLOWED. THIS PROCEDURE **CANNOT** BE VARIED.

PHYSICIAN: Please complete the physician section of the Request & Authorization for the Administration of EPINEPHRINE AUTO-INJECTORS at School (including EPI-PEN®, EPI-PEN Jr.®, and Twinject®) form. The specific ALLERGEN that causes the anaphylactic reaction must be identified. The Health Unit cannot instruct the school staff in the use of the Epinephrine Auto-Injector until all of the information is complete. **Employees of the Board do not administer the second dose (needle) of the two dose Twinject® epinephrine auto-injector.**

PARENT: In order for your child to have an Epi-Pen® or Epi-Pen Jr® or Twinject® in the school, your School Board's Medication Administration and Anaphylactic policies and procedures must be followed. Prior to, or at the beginning of every school year, contact the school principal for information about the policies and all the necessary forms.

Once completed forms are at the school, the Health Unit can assist the staff by holding teaching sessions on allergic reactions, proper use of the epinephrine auto-injector, and by working with staff, develop an individual plan and emergency procedure for your child. It is suggested that the school have at least two photographs of your child for this purpose.

PARENTS HAVE RESPONSIBILITIES TOO!

As a parent, it is **your responsibility** to:

1. Supply the school with the required number of Epi-Pen® or Epi-Pen Jr. ® or Twinject® (minimum of two) with the original containers and prescription labels or advise the school of its presence if your child is carrying the medication with them.
2. To be aware of the expiry dates and supply new medication to the school as needed.
3. To check the Epi-Pen® or Epi-Pen Jr.® or Twinject® once a month for signs which would indicate the need for replacement. e.g. in the case of Epi-Pen®, discoloration in the clear plastic area.

We also **strongly** recommend that your child wear a medic alert bracelet, or similar medic alert accessory at all times.