

Prescriber Authorization for Student Possession and Use of an Epinephrine Autoinjector

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

Name and dosage of medication		
Date medication administration begins	Date medication administration ends (if known)	
Circumstances for use of the epinephrine autoinjector		
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 which it is prescribed (that should be reported to the prescriber):
To a student for which it is not prescribed who receives a dose:

Special Instructions:

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As the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.

Prescriber signature	Date
Prescriber name	Prescriber emergency telephone number