

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

As the Parent/Guardian of this student, 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 the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.

Parent /Guardian signature	Date
Parent/Guardian name	Parent/Guardian emergency telephone number

I, individually and as the parent/guardian of the student mentioned above, release, indemnify, and hold harmless the Archdiocese of Cincinnati, the Archbishop of Cincinnati, the School, the Parish, and their employees, agents, and religious from any liability, claim, damage, cost, expense, or fee that arises, directly or indirectly, out of the presence of an epinephrine autoinjector in the School or its use by the student.

Parent/Guardian Signature

Date

Parent/Guardian Print Name