

**Moberly Public Schools
Health Services
Anaphylaxis Self Administration Protocol FY11**

Physician authorization for STUDENT to Self-Administer Epinephrine Medication
by auto-injection (Individually prescribed Epi-Pen or TwinJect)

In the event of anaphylaxis, a severe allergic reaction that may be triggered by an allergen, I give my permission for:

STUDENT'S NAME _____ **GRADE** _____ **DOB** _____
to self-administer auto-injectible epinephrine per physician orders.

► **Parent/Legal Guardian signature** _____ **Date** _____

Physician's Order (please print)

Child's Diagnosis _____ ALLERGEN: _____

Type of Auto Injection System _____ Dose: _____

List symptoms _____

Location of Auto Injection medication: _____

Orders if single dose device medication does not relieve student's symptoms or if symptoms worsen:

Possible side effects _____

Child is knowledgeable about this medication. _____ Yes _____ No

Child has received patient teaching about medication. _____ Yes _____ No

Child has received patient teaching about using Auto-injectible device. _____ Yes _____ No

Child is competent to self-administer medication. _____ Yes _____ No

Physician's Printed Name _____

► **Physician's Signature** _____ **Date** _____

Please read and sign reverse just below parent's signature. Thank You.

Authorization ends June 30 and must be renewed every school year.

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