

Trinity Academy Meadow View - Epinephrine Authorization 2025-26

Complete a separate form for each child.

Student's Full Name

Date of Birth

Known Allergies

Part I - To be Completed by a Parent or Guardian

I hereby request designated school personnel to administer an epinephrine injection as directed by this authorization. I hereby agree, on behalf of myself and my child, to hold harmless and indemnify (that is, defend and pay, including costs and attorneys' fees) Trinity Academy Meadow View (the "School"), its employees, and its representatives from liability for any claim, including personal injury or illness, arising from the administration of this injection. This indemnity includes claims arising from negligence (excluding gross negligence or intentionally wrongful conduct) of the School, its employees, and its representatives. I understand that the School, its officers, representatives, and/or any school employee who administers this injection to my child, in accordance with written instructions from the primary/prescribing physician, shall not be liable for damages as a result of an adverse reaction or any injury suffered by my child due to the administration or failure to provide an injection. The school reserves the right to not administer the injection should circumstances warrant such action. In such situations, the School will make reasonable attempts to contact a parent of the student and consult with them as soon as practicable. I am aware that the injection may be administered by a non-health professional.

I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Parent or Guardian Name

Parent Signature

Date

Part II - To be Completed by a Licensed Healthcare Provider

Emergency injections may be administered by non-health professionals. For this reason, only pre-measured doses of epinephrine (Epi Pen auto injector) may be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.

The following injection will be given immediately after report of exposure to _____

Route of Exposure: ___ Ingestion ___ Skin contact ___ Inhalation ___ Insect bite or sting

OR

The following symptoms

___ Swelling of the throat, lips, tongue, tightness/change of voice, difficulty swallowing

___ Sudden difficulty breathing, wheezing

___ Feeling of apprehension, agitation

___ Tingling sensation, itching, or metallic taste in mouth

___ Vomiting PLUS one of the above symptoms

___ Other _____

Check appropriate orders:

___ Epinephrine injector- Give the pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution (0.3cc) by auto injection intramuscularly in the anterolateral thigh. Repeat the dose in 15 minutes if EMS has not arrived.

___ Epinephrine injector Jr. - Give the pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution (0.3 cc) by auto injection, intramuscularly in the anterolateral thigh. Repeat the dose in 15 minutes if EMS has not arrived.

COMMON SIDE EFFECTS: _____

EFFECTIVE DATE: _____ Start: _____ End: _____

Please choose one below:

This patient has received adequate information on how and when to use an EpiPen, and has demonstrated its proper use. Please check either A or B below:

A.) ___ The patient is to carry an epinephrine injector during school hours. The student can use the epinephrine injector properly in an emergency. One additional dose, to be used as backup, should be kept in the clinic or other school location.

B.) ___ Two epinephrine injectors will be kept in the school clinic or other school approved location.

Licensed Health Care Provider (Print or Type)

Licensed Health Care Provider Signature

Phone

Date