



Parent Information about **EpiPen Procedures**

1. Epinephrine may be given in school, during school-sponsored activities, or at LKNC only with both physician and parent or guardian signed authorization.
2. This form must be on file in the school office or other approved location. The parent or guardian is responsible for obtaining the physician's statement, Part II. A copy of the medication form must be on file at LKNC.
3. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing Part II. Information necessary includes:
 - name of student
 - specific allergen for which epinephrine is being prescribed
 - route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bites)
 - brand name of medication
 - exact dosage to be taken in school
 - amount of pre-measured epinephrine
 - time for repeated dose if deemed necessary
 - duration of medication order and effective dates
 - physician's signature
 - date
5. Only pre-measured doses of epinephrine may be given by LKNC staff members.
6. Medication must be properly labeled by a pharmacist. If physician orders include a repeat of EpiPen injection for student who carries his or her own, then the parent must supply the school with two EpiPens. Expiration date must be clearly indicated.
7. Medication must be hand-delivered to the school office by the parent or guardian unless approved for the student to carry during school and LKNC hours.
8. A parent is to collect unused medication within one week after the end of expiration of order or on the last day of school. Medication not claimed within that period will be destroyed.
9. Parents are responsible for maintaining the supply of non-expired medication in the school.



Lake Norman Christian School EpiPen Authorization

Please read the information and procedures form.

Part I – PARENT OR GUARDIAN TO COMPLETE

I hereby request Lake Norman Christian (LKNC) personnel to administer emergency epinephrine injections as directed by the physician (Part II). I agree to release, indemnify, and hold harmless LKNC and any of their officers, staff members, or agents from lawsuits, claim expense, demand or action, etc., against them for administering the injection, provided LKNC personnel are following the physician's order as written in Part II below. I am aware that a non-health professional may administer the injection. I have read the procedures form and assume responsibility as required.

Student Name (Last, First, Middle)

Date of Birth

School Year

No LKNC employee shall administer medication or treatment, as an exception under LKNC policy, unless all the required clearances have been personally reviewed by the principal or his or her designee. It is the responsibility of the parent to maintain a supply of non-expired medication (injections) to the school.

Parent or Guardian Signature

Daytime Telephone

Date

PART II – PHYSICIAN TO COMPLETE

Emergency injections are administered at LKNC by non-health professionals.

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

Route of Exposure: Ingestion Skin Contact Inhalation Insect Sting or Bite

Check appropriate boxes:

- EpiPen
 - Give the pre-measured dose of 0.3mg epinephrine 1:1000 aqueous solution (0.3cc) by autoinjection.
 - Repeat dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed for school).
- EpiPen Jr.
 - Give the pre-measured dose of 0.15mg epinephrine 1:2000 aqueous solution (0.3cc) by autoinjection.
 - Repeat dose in 15 minutes if EMS has not arrived. (Two pre-measured doses will be needed for school).

EFFECTIVE DATE: (Current School Year)

From:

To:

Check appropriate box:

I believe that this student has received adequate information on how and when to use an EpiPen.

- The student is to carry the EpiPen during school or LKNC hours with principal approval. The student can use the EpiPen properly in an emergency.
- The EpiPen will be kept in the school office or other school-approved location (specify): _____

Physician Name (Print or Type)

Physician Signature

Telephone or Fax

Date

Parent or Guardian Name (Print or Type)

Parent or Guardian Signature

Telephone

Date

Student Signature

Date

PART III – PRINCIPAL OR PRINCIPAL DESIGNEE

Check as appropriate:

- Parts I and II above are completed including signatures. (It is acceptable if all items in Part II are written on the physician's stationery or a prescription pad.)
- Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (within one week after expiration of the physician order or on the last day of school).
- The student has been approved by the principal to carry an EpiPen. An emergency form must be on file.

Principal or Principal Designee Signature

Date