Date_____

Epinephrine Auto Injector (EAI) Authorization Form

In Accordance with Utah Code 53A-11-603 and 26-41, HB 101, 2008 General Session

Name of Student _____Date of Birth _____

Name of School _____Grade _____

I _____ parent/guardian (circle one) of above student certify that the epinephrine auto injector has been prescribed for him/her. I request that the student's public school identify and train school personnel who volunteer to be trained in the administration of Epinephrine Auto Injector(EAI) medication in accordance with Utah Code 53A-11-603 and 26-42, HB 101, 2008 General Session. I authorize the administration of Epinephrine Auto Injector(EAI) medication in an emergency to the identified student in accordance with Utah Code 53A-11-603.

Parental Responsibilities:

- The parent or guardian is to furnish the Epinephrine Auto Injector(EAI) medication and bring to the school in the current original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare provider's name.
- The parent or guardian, or other designated adult will deliver to the school and replace the Epinephrine Auto Injector(EAI) medication within two weeks if the Epinephrine Auto Injector(EAI) single dose medication is given.
- If a student has a change in his/her prescription, the parent or guardian is responsible for providing the newly prescribed information and dosing information as described above to the school. The parent or guardian will complete an updated Epinephrine Auto Injector(EAI) Authorization Form before the designated staff can administer the updated Epinephrine Auto Injector(EAI) medication prescription.
- The parent or guardian will complete, sign and deliver an Epinephrine Auto Injector(EAI) Medication Form if the student is to possess Epinephrine Auto Injector(EAI) medication at all times.

I give permission for the school nurse or school designee to contact my child's healthcare provider if clarification is needed to administer Epinephrine Auto Injector(EAI). I agree to meet the parental responsibilities listed above. ***I give permission for school personnel to release personal or medical information about my child in a health-related emergency situation if necessary.*** *I understand this completed and signed form authorizes designated school personnel to administer epinephrine in emergency situations consistent with Utah Law.*

Parent Signature _____ Date _____

Parent Phone Number _____ Parent Emergency Number _____

Date _____

Utah Department of Health/Utah State Office of Education
Epinephrine Auto Injector(EAI) Medication Form
In Accordance with Utah Code 53A-11-603 and 26-41, HB 101, 2008 General Session

_____
Student Name Birth Date

_____
Address City State Zip

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____

Health Care Provider Authorization

The above named student is under my care. I feel it is medically appropriate for the student to self-administer Epinephrine Auto Injector(EAI) medication, when able and appropriate, and be in possession of EAI medication and supplies at all times. The medication prescribed for this student is:

Name of Medication _____

Dosage _____

Possible Side Effects __ _____

_____
Signature of Health Care Provider Date

Parent/Guardian Authorization (mark all that apply)

☐ I authorize my child _____to carry prescribed Epinephrine Auto Injector(EAI) medication and supplies.

☐ I authorize the appropriate/designated school personnel maintain my child's medication for use in an emergency.

☐ I authorize my child to self-administer and carry the prescribed medication described above consistent with In Accordance with Utah Code 53A-11-603 and 26-41, HB 101, 2008 General Session

☐ I do not authorize my child to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain my child's medication for use in an emergency.

My child and I understand there may be serious consequences, including suspension/expulsion from school, for sharing any medications and/or supplies with other students or school staff.

_____
Parent/Guardian Signature Date