

**4.35F4-EPINEPHRINE EMERGENCY ADMINISTRATION CONSENT FORM**

Student's Name (Please Print): \_\_\_\_\_

This form is good for the school year 2024-2025. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has an IHP that provides for the administration of epinephrine in emergency situations. I hereby authorize the school nurse or other school employee certified to administer auto-injectable epinephrine to administer auto-injectable epinephrine in emergency situations when he/she believes my child is having a life-threatening anaphylactic reaction.

The medication must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of physician's order: \_\_\_\_\_

Circumstances under which Epinephrine may be administered: \_\_\_\_\_

\_\_\_\_\_

Other instructions: \_\_\_\_\_

\_\_\_\_\_

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of auto-injector epinephrine per this consent form, District policy, and Arkansas Law.

Parent or legal guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Revised: July 2024

*Relates to Board Policy 4.35*