John McGivney Children's Centre School Authority

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Request and Authorization for the Administration of Epi-Pen® at School

I request the _____ to ensure that _____ _____
(School) (Name of Student) (D.O.B.)
receive the medication prescribed by: _____ as attached.

Notes:
1. The medication provided must be supplied in the original prescription container, labeled with the name of the medicine, the physician's name, the amount to be taken and the time(s) to be taken, and the student's name.
   Prescription Number: _____
2. Authorization must be signed by the student or, in the case of a minor, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is disabled to such a degree as to be incapable to give consent, the next of kin may authorize the administration of medicine.
3. It is understood that the request is being made for school staff to undertake the administration of medication, and that such staff are not medical professionals. The staff will make every effort to ensure that medication is administered in an appropriate manner, and at the times required.

Is the child competent to administer the Epi-Pen®? Yes ☐ No ☐ Should the child carry an Epi-Pen®? Yes ☐ No ☐

Acknowledgement:

I acknowledge the non-medical personnel are being asked to undertake the administration of medication or medical procedures to my son/daughter _____ . I understand that there is some inherent risk in having non-medical personnel undertake the administration of medications and procedures, and accept the risks associated with this request.

Date: _____ Signed: _____
(parent/guardian/student – if not a minor

Address: _____

TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN AND RETURNED TO THE SCHOOL

The following medication has been prescribed. It is necessary for this medication to be administered during school hours by personnel other than the parent/legal guardian:

Medication/Dosage/Method of Administration: _____
Allergen _____
Other instructions: _____
Cautions/Notable Side Effects: _____
Period of Authorization: From: _____ To: _____
Prescribing Physician's name: _____
Address _____ Telephone Number: _____
Date: _____ Signed: _____
(Prescribing Physician)

Note: This form is valid until the prescription expires, or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.

PRINT

FACT SHEET

Use of Epi-Pen Jr.® in the School

NOTE: SCHOOL STAFF ARE ADVISED BY THE HEALTH UNIT TO ADMINISTER EPI-PEN® **IMMEDIATELY** UPON EXPOSURE OF THE CHILD TO THE IDENTIFIED ALLERGEN. AN AMBULANCE IS CALLED AND THE CHILD IS TRANSPORTED TO THE HOSPITAL.

THIS PROCEDURE **CANNOT** BE VARIED.

PHYSICIAN: Please complete the physician section of the form on the reverse side in its entirety. The specific ALLERGEN that causes the anaphylactic reaction must be identified. The **Health Unit** cannot instruct the school staff in the use of the Epi-Pen® until all of the information is complete.

PARENT: In order for your child to have an Epi-Pen® or Epi-Pen Jr.® in the School, your School Board's medication policy must be followed. Prior to, or at the beginning of every school year, contact the school principal for information about the policy and all the necessary forms.

Once completed forms are at the school, the **Health Unit** can assist the staff by holding teaching sessions on allergic reactions, proper use of an Epi-Pen®, and by working with staff, develop an emergency procedure for your child. It is suggested that the school have at least two photographs of your child for this purpose.

PARENTS HAVE RESPONSIBILITIES TOO!

As a parent, it is your **responsibility** to:

1. supply the school with an Epi-Pen® or Epi-Pen Jr.® with the original container and prescription label or advise the school of its presence.
2. be aware of the expiry dates and supply new medication to the school as needed.
3. check the **Epi-Pen®** and **Epi-Pen Jr.® once a month** for discolouration in the clear plastic area which would indicate the need for replacement.

We also **strongly** recommend that your child wear a medic alert bracelet at all times.