

Town and Country School

PARENT/GUARDIAN PERMISSION FOR ADMINISTRATION OF EPINEPHRINE (EPI-PEN) BY THE SCHOOL NURSE OR UNLICENSED TRAINED SCHOOL PERSONNEL IN THE ABSENCE OF THE SCHOOL NURSE

Student's Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

If Parent/Guardian is unavailable in emergency, contact:

Name(s): _____

Phone(s): _____

Relationship(s) to student: _____

CONSENT FOR TREATMENT

I give permission to allow the administration of epinephrine by auto-injection (Epi-pen) by the school nurse or, in the absence of the school nurse, by an unlicensed member of the school staff who has been trained and delegated by the school nurse to my student, in the event of an emergency. I also allow the school nurse to share appropriate school personnel information relative to this medication administration plan.

- The school nurse or all school employees that have been trained in correlation with the Oklahoma State Department of Health's Anaphylaxis and Allergy School Training Program may administer, with parent or guardian permission but without a health care provider order, an Epinephrine injection to a student whom the school nurse or trained school employee in good faith believes is having an anaphylactic reaction
- This consent serves as a waiver of liability for administration of an Epinephrine injection by trained staff
- The school nurse is the designated employee responsible for obtaining the Epinephrine injectors at Town and Country School.

Parent/Guardian Date Signature of