



**Permission for School Administration of Emergency
Medication**
**Epinephrine auto-injector for severe allergic
reaction.**

CSA Health Center 864-577-7780
Fax 864-577-7629

C

* _____
Child's Name

* _____
Date of Birth

Is your child allergic to any food, medicines, or other items?

- ☐ No
☐ Yes (If yes, list allergies):

SCSDB emergency medications; EpiPen injection is used to treat severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs, and other allergens.

Time to be administered: *As needed in emergency situation*

Amount of medication to be given:

**EpiPen® = one dose of 0.30 mg epinephrine
(patients who weigh 30 kg or more
approximately 66 pounds or more).**

**EpiPen JR one dose of 0.15 mg epinephrine
(patients who weigh 15 to 30 kg (33 - 66
pounds)).**

Less serious side effects; EpiPen side effects may include: sweating, nausea and vomiting, pale skin, feeling short of breath, dizziness, weakness or tremors, headache, feeling nervous or anxious.

Serious side effect: increased breathing difficulty, or dangerously high blood pressure, severe headache, blurred vision, buzzing in your ears, anxiety, confusion, chest pain, shortness of breath, uneven heartbeats, seizure.

I give permission for the emergency medication noted above to be given to my child during the school day if needed. I understand that the school may require that I agree to the school district's rules about medications before this medicine will be given at school. I will not hold the school, school district or school personnel liable for any adverse drug reactions when the medication is administered according to the instructions on the label or package insert. I understand that I am responsible for notifying the school if any of my child's medications change and/or if my child's health status changes.

* _____
Signature of Parent / Guardian

* _____
Date

* _____
Print or Type Name of Parent / Guardian

* _____
Day Phone Number

***All areas with asterisks must be completed.**