

Permission Slip to Self-Administer EpiPen® (epinephrine) Auto-Injectors 0.3/0.15 mg

Date _____

Student Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____ Parent Work Phone _____

In accordance with Ohio Law (S.B. 164), _____ has demonstrated the proper handling and use of his/her
EpiPen® Auto-Injector and has permission to carry the (dose) _____ EpiPen® Auto-Injector on their person while at
school, or participating in any activity, event, or program sponsored by the student's school or in which the school participates.

Please note the following per S.B. 164 (Ohio Legislative Service Commission)

A second backup EpiPen® Auto-Injector must be kept in the school nurse's office or designated area immediately accessible to school staff.

This signed permission slip must be kept on file with the school principal and a copy provided to the school nurse (if one assigned).

Prescriber shall provide circumstances in which the EpiPen® Auto-Injector should be used.

Prescriber shall provide instructions to school when (i) student can't administer the EpiPen® Auto-Injector, or (ii) the EpiPen® Auto-Injector does not produce expected relief.

Prescriber, please list any severe adverse reaction that (i) the child may experience and should be reported to you (prescriber), or (ii) may occur to another child for whom the medication is not prescribed, if that child receives a dose of the medication.

Other special instructions from the prescriber:

By signing below, the prescriber acknowledges he/she has provided the student with training in the proper use of the EpiPen® Auto-Injector and has determined the student is capable of possessing and using the EpiPen® Auto-Injector appropriately.

Prescriber's Name _____ Prescriber's Signature _____

Prescriber's Office Phone _____ Emergency Number _____

Start Date EpiPen® Auto-Injector can be administered _____

Parent/Guardian to fill in information below:

Parent/Guardian Name _____ Signature _____ Date _____

Home Phone _____ Work Phone _____

Cell Phone _____ Emergency Phone _____