



**Parent's Request and Authorization for
Auto-Injectable Epinephrine**

School Year: _____

STUDENT NAME: _____	DOB: _____
SCHOOL: _____	STUDENT ID: _____

Please check one of the following:

- For students who will carry and self-administer auto-injectable epinephrine:

I, the undersigned, parent or guardian of the above student consent to the above student carrying and self-administering auto-injectable epinephrine for the treatment of anaphylaxis at school, school sponsored activities, while under the supervision of school personnel and while in before-school or after-school care on school operated property.

- For students who will not self-administer (will self-carry or keep auto-injectable epinephrine in the clinic):

I, the undersigned, parent or guardian of the above-named student, do not believe that the student is able to self-administer auto-injectable epinephrine due to age and/or the following reasons
 _____ . I hereby request that the above-named school receive, store, and administer the student’s auto-injectable epinephrine or allow the student to self-carry and grant permission to school personnel to administer auto-injectable epinephrine for the treatment of anaphylaxis at school, school sponsored activities, while under the supervision of school personnel, and while in before-school or after-school care on school operated property.

Pursuant to Georgia Law (O.C.G.A. 20-2-776), I understand and agree to the following:

- (1) I must provide a written statement from a physician licensed under Georgia law (O.C.G.A. § 43-34-20 through O.C.G.A. 43-34-46). The written statement must include the name of the medication, method, amount, and time schedules by which the medication is to be taken, and, if applicable, confirm that the student is able to self-administer auto-injectable epinephrine. The written statement must be provided annually and whenever there is a change in the medication, dosage, frequency of administration, or reason for administration as per Georgia law O.C.G.A. § 20-2-776 (b)(1) & O.C.G.A. § 20-2-776(g)(1.). The written statement should also indicate if the student should self-carry but is not able to self-administer.
- (2) I give permission for _____(name of prescribing physician)to consult with the administrators, school nurses, or clinic workers of the above designated school at the request of the school personnel regarding any questions that may arise with regard to the auto-injectable epinephrine medication prescribed to the student. The aforementioned physician is authorized to disclose all protected health information of the student relating to any questions that may arise with regard to the auto-injectable epinephrine medication that the student is prescribed. This authorization shall expire one year after the date it is signed. This authorization may be revoked in writing at any time by submitting written revocation to: _____. The information disclosed to the District may be shared with other school officials consistent with FERPA; however, HIPAA does not apply to the District.
- (3) The Gwinnett County Board of Education, the Gwinnett County School District and their employees and agents are released from civil liability for any adverse reaction that may occur as a result of the administration or self-administration of auto-injectable epinephrine per Georgia Law O.C.G.A. § 20-2-776(b)(2) & O.C.G.A. § 20-2-776(g)(2.)

For students who carry and self-administer:

- (4) My student may be subject to disciplinary action if he or she uses auto-injectable epinephrine in a manner other than as prescribed.

Signature of Parent or Guardian

Date