Administration of Medication EpiPen Injection

I hereby authorize and instruct _____ Principal of _____

School or his/her designate(s) to administer epinephrine by injection to my son/daughter

_____who was born on _____ , for the purpose of providing temporary

emergency response to a perceived life threatening occurrence which may be seen to result from an

allergic reaction, the symptoms of which are:

Tingling in mouth	
Hives, rash, itching	
Generalized flushing	
Swelling-eyes, ears, lips, face, tongue	
Constriction in throat, mouth and chest	
Constriction in breathing, swallowing	
Wheezing, sneezing, coughing and choking	
Hoarseness	
Vomiting, stomach upset, diarrhea	
Sense of doom	
Lightheadedness	
Loss of consciousness	
Coma and death	

My signature shall be your good and sufficient authority to administer epinephrine by injection, and recognizing that staff are not medically trained, I shall not hold the person administering the medication, the Algonquin and Lakeshore Catholic District School Board or any of its school personnel liable for any action whatsoever which may arise out of the said medication administration, either at this given time, or at any given time in the future.

DATED at _____ this _____day of _____ 20__.

□ I am providing 1/2 epi pen(s) for the school Expiry date:
Expiry date:

_____
Signature of Authorizing Parent/Guardian

Note: This form is to be filed in the School's Medical Emergency file and in the student's OSR File.

The information gathered on this form is pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to prepare assessment records; maintain records for all students. Users: Student Services Staff, Principal of Student, all teachers responsible for the Student's program and designated staff for clerical functions.