



## EPINEPHRINE AUTOINJECTOR ADMINISTRATION AUTHORIZATION

*PLEASE READ INFORMATION AND PROCEDURES*

### PART I AUTHORIZATION TO ADMINISTER EPINEPHRINE INJECTION

By signing below, I the Parent/Guardian of the student named below or in the case of an independent student as defined in the *Education Act* the student named below agree that:

- I hereby authorize Chinook's Edge School Division (CESD) employees to administer an epinephrine injection to the student named below as directed by the student's physician (Part II).
- The CESD employees that may administer the epinephrine injection are not health care professionals and have no health care qualification.
- The CESD employees that may administer the epinephrine injection are trained to administer epinephrine using an autoinjector.
- I have read understood and agree to the procedure attached to this form and assume the responsibilities of the parent/guardian outlined in the procedure.
- I agree to supply CESD with information about allergies, current treatments, copies of any prescriptions, any instruction from health professionals and a current emergency contact list for the student named below as required by sections 2 (2) (d) and 6 (2) of *The Protection of Students with Life-threatening Allergies Act (the Act)*.
- I agree that I have the responsibility to provide sufficient epinephrine autoinjector(s) to the school and to ensure that the autoinjector(s) are properly labeled and are not expired.
- I understand that in accordance with s.6 of the *Act*, both Part I and Part II of this form must be completed for CESD employees to be authorized to administer an epinephrine injection.
- I agree to release indemnify and hold harmless CESD and any of its trustees, officers, employees, or agents from any liability lawsuit claim, expense, demand or action against any of them for administering an epinephrine autoinjector or supervising the administering of an epinephrine autoinjector.
- I understand that emergency medical services (EMS) will always be called when epinephrine is administered whether or not the student manifests any symptoms of anaphylaxis and
- I understand that a CESD employee may administer an epinephrine autoinjector in accordance with section 7 of the *Act*, if the employee has reason to believe that a student is experiencing an anaphylactic reaction and that in the absence of a parent/guardian/student supplied an autoinjector, the EpiPen epinephrine autoinjector supplied by CESD will be administered.

***I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.***

Student Name (Last, First, Middle)

Date of Birth	School	School Year
Parent/Guardian Daytime Telephone Number	Alternative Phone Number	
Parent or Guardian Name	Parent or Guardian Signature	Date

The personal information requested on this form is collected under the authority of the Education Act that mandates the program operations and services offered by the Chinook's Edge School Division and will be protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection and use of the information, contact the FOIP Coordinator, Chinook's Edge School Division, 4904 – 50 Street, Innisfail, Alberta T4G 1W4. Phone: 403- 227-7070

# Appendix B – Updated March 13, 2025

## PART II PHYSICIAN TO COMPLETE

Injections of epinephrine delivered through an epinephrine autoinjector are usually administered in CESD by employees that are not health professionals. These employees are trained to administer the epinephrine using an autoinjector. Only pre-measured doses of epinephrine to be delivered by autoinjector may be administered by CESD employees. These employees are not trained to observe for the development of symptoms before administering the injection and may administer an epinephrine autoinjector if the employee reasonably believes the student is having an anaphylactic reaction.

The following injection will be given immediately after report of exposure to \_\_\_\_\_

Indicate specific allergen

Route of Exposure:  Ingestion     Skin Contact     Inhalation     Insect Sting or Bite

Check appropriate boxes:

- EpiPen or EpiPen Jr.
- Give the pre-measured dose by auto injection.
- Repeat dose in 15 minutes if EMS has not arrived (two pre-measured doses will be needed in school)
- Other autoinjector
- Brand Name \_\_\_\_\_

Check appropriate box:

- The student has received adequate information on how and when to use an epinephrine autoinjector. This student is to carry an epinephrine autoinjector during school hours with principal approval. This student can use the epinephrine autoinjector properly in an emergency. One additional dose, to be used as backup will be kept in the sick room or other school location.
- The epinephrine autoinjector(s) will be kept in the school to be retrieved by CESD employees when required.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Effective Date:  Current school year     From \_\_\_\_\_ To \_\_\_\_\_

<i>Physician Name (Print or type)</i>	<i>Physician Signature</i>	<i>Telephone Number</i>	<i>Date</i>
<i>Parent or Guardian Name (Print or type)</i>	<i>Parent or Guardian signature</i>	<i>Telephone Number</i>	<i>Date</i>
<i>Student Signature</i> <small>(Required if student carries EpiPen)</small>	<i>Date</i>		

## PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check  as appropriate:

- Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the physician’s stationery or a prescription pad provided it is clear and legible).
- Medication is appropriately labeled. \_\_\_\_\_ Date by which any unused medication is to be collected by the parent  
(Within one week after expiration of the physician order or on the last day of school.)
- The student has been approved by the principal to carry an epinephrine autoinjector. [AP 3 – 23 Exhibit I - Administering Medication Parent/Guardian Permission Form](#) must be on file.
- The epinephrine autoinjector(s) will be kept in the school at the following location: \_\_\_\_\_

Principal or Principal Designee Signature

Date

Distribution: School, and Parent or Guardian

## **PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES**

1. Epinephrine may be administered by Chinook's Edge School Division employees in school, during school-sponsored activities with both a physician and parent/guardian signed authorization.
2. A completed Epinephrine Autoinjector Administration Authorization Form must be on file in the school office or other approved location within the school. The parent or guardian is responsible for obtaining the physician's statement in part II of the Epinephrine Autoinjector Administration Authorization Form.
3. A new Epinephrine Autoinjector Administration Authorization Form must be submitted to the school at the time of the initial request and whenever the student starts in a new school. In addition, whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be administered by autoinjector a new form must be completed.
4. Provided the information is both clear and legible, a physician may use office stationery or a prescription pad in lieu of completing part II of the Epinephrine Autoinjector Administration Authorization Form. Information necessary includes:
  - name of student.
  - specific allergen for which epinephrine is being prescribed.
  - route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bites).
  - brand name of medication.
  - amount of premeasured epinephrine.
  - time for repeated dose if deemed necessary.
  - duration of medication order and effective dates
  - physician signature.
  - date.
5. Only premeasured doses of epinephrine to be administered by autoinjector may be given by CESD staff members.
6. The epinephrine autoinjector must be properly labeled by a pharmacist. If the physician's orders include multiple sequential epinephrine injections after a student is exposed to an allergen, the parent must supply the school with two or more autoinjectores. Autoinjectores must not be expired.
7. Epinephrine autoinjector(s) must be hand-delivered to the school office by the parent or guardian unless the student will carry the epinephrine autoinjector during school hours.
8. A parent is to collect any unused medication within one week after the date of expiration of order or on the last day of school year. Medication not claimed within that period shall be destroyed.