

St. Lucie Public Schools
9461 Brandywine Lane
Port St. Lucie, FL 34986
772-429-4570

PHYSICIAN AUTHORIZATION FORM FOR
EPINEPHRINE AUTO-INJECTOR

Part I: (to be completed by physician's office)

Date ___/___/___

Name of student _____ DOB ___/___/___

The above named student has had a prior severe allergic reaction and must have the following emergency medication:

- Epi-pen Jr. 0.15 mg Auvi-Q 0.15 mg Twinject 0.15 mg
 Epi-pen 0.3 mg Auvi-Q 0.3 mg Twinject 0.3 mg

The student has had allergic reactions to the following: (please be specific)

Food _____ or Insect _____

Such an allergic reaction may be so severe as to be life-threatening and could occur at school. The Epinephrine Auto-Injector indicated above is an emergency injection of epinephrine that can be immediately available if needed.

Choose one:

The student should carry and self-administer the epinephrine (unless unable to)

OR

Trained school staff should administer the epinephrine which will be stored in the school clinic

The epinephrine should be administered under the following "specific" conditions (Choose one):

Immediately post exposure to the allergen

OR

Administer only if the following reactions occur: (please check **all** that apply)

- Shortness of Breath/Wheezing Hives/Rash
 Anxiety Generalized Swelling/Edema
 Other _____

The student has been properly trained on the use/administration of the epinephrine auto-injector. Emergency (911) Services will be called if the student uses or is administered the epinephrine so that proper follow-up treatment can be completed.

Physician Signature

Date

Telephone

