

**ST. GEORGE GREEK PRESCHOOL  
AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION RELEASE AND INDEMNIFICATION FORM**

**PART ONE: TO BE COMPLETED BY PARENT OR GUARDIAN**

I hereby request and authorize St. George Greek Preschool and St. George Greek Orthodox Church personnel to administer prescribed medication as directed by the healthcare provider (Part Two below). I agree to release, indemnify, and hold harmless St. George Greek Preschool and St. George Greek Orthodox Church and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided St. George Greek Preschool and St. George Greek Orthodox Church personnel are following the healthcare provider's orders as written in Part Two. I am aware that the injection may be administered by a trained, unlicensed staff member. I have read the procedures on the back of this form and assume the responsibilities as required.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Phone Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescription:**     New     Renewal                      If new, the first full day's dosage was given at home on: \_\_\_\_/\_\_\_\_/\_\_\_\_

List all medication(s) student is taking, including over-the-counter medication(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Parent/Guardian Signature**                                      **Phone Number**                                      **Date**

**PART TWO: TO BE COMPLETED BY HEALTHCARE PROVIDER:**

The Montgomery County Department of Health and Human Services and St. George Greek Preschool discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day according to the procedures outlined on the back of this form.

**PLEASE USE A SEPARATE FORM FOR EACH MEDICATION**

**Name of Medication:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_  
Trade Name and/or generic

**Dosage:** \_\_\_\_\_ **Time(s) to be given at School:** \_\_\_\_\_  
Ranges not accepted (i.e. 1 to 2 tabs or 2 to 4 puffs)

**Route of Administration:** \_\_\_\_\_ **Effective Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Side Effects:** \_\_\_\_\_

**If PRN, specify:**  
**When indicated (signs/symptoms)** \_\_\_\_\_

**Frequency of Administration** \_\_\_\_\_  
Ranges not accepted (i.e. every 2 to 4 hours)

**Physician's Name:** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_ **Phone No.:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART THREE: TO BE COMPLETED BY PRESCHOOL DIRECTOR:**

- Parts I and II are complete, including signatures. It is acceptable if all items in Part II are written on the Health Care Provider's stationery/prescription blank.
- Prescription Medication properly labeled by a pharmacist.
- Medication Label and physician order are consistent.
- Over-the-Counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date any unused medication is to be collected by the parent/guardian (within one week after expiration of the physician's order)

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
*Signature, Director, SGGP*                                      *Date*

## INFORMATION/PROCEDURES

1. No medication will be administered in school or during school-sponsored activities without the parent's/ guardian's written authorization and a written physician order. This includes both prescription and over- the-counter (OTC) medications.
2. The parent/guardian is responsible for completing Part I and obtaining the physician's statement on Part II. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. (A physician may use office stationery or prescription pad in lieu of completing Part II.) Information necessary includes: child's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, physician signature, and date.
3. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will either school or church personnel administer medication brought to school by the student.
4. All prescription medication must be provided in a container with the pharmacist's label attached. Non- prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
5. The first day's dosage of any new medication must have been given at home before it can be administered at school.
6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
7. The school director will call the prescriber, as allowed by *Health Insurance Portability and Accountability Act* (HIPAA), if a question arises about the child and/or the child's medication.



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

PLACE  
PICTURE  
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.








Extremely reactive to the following foods: \_\_\_\_\_

THEREFORE

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.





FOR ANY OF THE FOLLOWING  
**SEVERE SYMPTOMS**

 <b>LUNG</b> Short of breath, wheezing, repetitive cough	 <b>HEART</b> Pale, blue, faint, weak pulse, dizzy	 <b>THROAT</b> Tight, hoarse, trouble breathing/ swallowing	 <b>MOUTH</b> Significant swelling of the tongue and/or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911. Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**

 <b>NOSE</b> Itchy/runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea/ discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE**

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**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

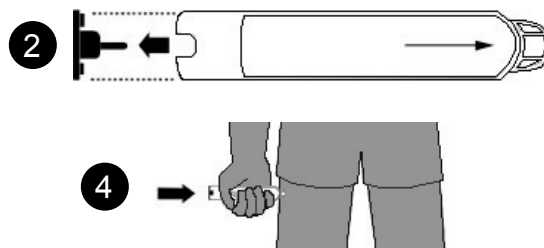
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



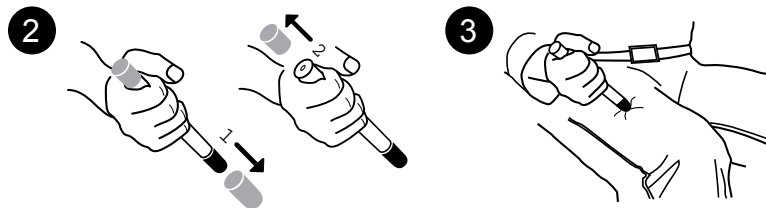
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

**ST. GEORGE GREEK PRESCHOOL  
EMERGENCY CARE FOR THE MANAGEMENT OF A STUDENT WITH DIAGNOSIS OF ANAPHYLAXIS  
RELEASE AND INDEMNIFICATION FORM FOR EPINEPHRINE AUTO INJECTOR**

**PART ONE: TO BE COMPLETED BY PARENT OR GUARDIAN**

I hereby request and authorize St. George Greek Preschool and St. George Greek Orthodox Church personnel to administer an epinephrine auto injector as directed by the healthcare provider (Part Two below). I agree to release, indemnify, and hold harmless St. George Greek Preschool and St. George Greek Orthodox Church and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided St. George Greek Preschool and St. George Greek Orthodox Church personnel are following the healthcare provider's orders as written in Part Two. I am aware that the injection may be administered by a trained, unlicensed staff member. I have read the procedures on the back of this form and assume the responsibilities as required. **I understand that the rescue squad (911) will always be called when an epinephrine auto injector is administered, whether or not the student manifests any symptoms of anaphylaxis.**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART TWO: TO BE COMPLETED BY HEALTHCARE PROVIDER:**

In accordance with Maryland State Regulations, the epinephrine auto injector may be administered by unlicensed staff (St. George Preschool or Church employee) that are trained to administer epinephrine auto injectors. Unlicensed staff are **not** allowed to wait for the appearance and observe for the development of symptoms for students with a physician's order to administer the epinephrine auto injector.

1. Name of medication: epinephrine auto injector (e.g. EpiPen, Auvi-Q, Twinject, etc.)
  - Ana-Kit<sup>®</sup> will not be accepted for use at school.
  - Epinephrine auto injector will not be accepted for the management of asthma.
2. Diagnosis: Anaphylaxis / Severe allergic reaction to: \_\_\_\_\_  
\_\_\_\_\_
3. Health Care Provider Order: Times to be given: Check (✓) all that apply:
  - If insect stings (bees, wasps, hornets, yellow jackets)
  - Ingestion of (specify): \_\_\_\_\_
  - If other known or unknown allergen(s) (explain): \_\_\_\_\_  
\_\_\_\_\_
4. Route of administration for epinephrine auto injector: Intramuscularly (IM) into anterolateral aspect of the thigh.
5. Dosage of medication: Check (✓) one:  epinephrine auto injector 0.15 mg.  
 epinephrine auto injector 0.3 mg.
6. Repeat dose in 10 minutes if rescue squad has not arrived.\*  Yes  No  
*\*NOTE: For repeat dose, a second epinephrine auto injector must be ordered and brought to school.*
7. Side effects: Palpitations, rapid heart rate, sweating, nausea and vomiting:

**THIS MEDICATION AUTHORIZATION IS EFFECTIVE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **to** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Health Care Provider \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Name—Print or Type Phone Number Original Signature, Health Care Provider Date*

**PART THREE: TO BE COMPLETED BY PRESCHOOL DIRECTOR:**

Parts I and II are complete, including signatures. It is acceptable if all items in Part II are written on the Health Care Provider's stationery/prescription blank.

Medication properly labeled by a pharmacist. **Epinephrine auto injectors** received:  1 injector  2 injectors

Reviewed by \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Signature, Director, SGGP*

*Date*

## INFORMATION/PROCEDURES

1. The physician prescribed Epinephrine Auto Injector **WILL NOT BE ADMINISTERED IN SCHOOL OR DURING SCHOOL** sponsored activities without a parent/guardian signed authorization and waiver and a physician's order/authorization for students with a known diagnosis of anaphylaxis.
2. This form must be on file in the student's health folder. The parent is responsible for obtaining the health care provider's order/authorization. (See Part II.) Director will ensure that all items on the form are complete.
3. The parent is responsible for submitting a new form to the school each school year and whenever there is a change in dosage or a change in conditions under which the Epinephrine Auto Injector is given.
4. A health care provider may use office stationery/prescription pad in lieu of completing Part II. Information necessary includes: student's name, allergen for which the Epinephrine Auto Injector is being prescribed, brand name, amount of pre-measured epinephrine, order for repeat dose if deemed necessary, health care provider's signature and date.
5. Medication must be properly labeled by a pharmacist and must match the health care provider's order. If the health care provider's orders include a repeat Epinephrine Auto Injector, an additional Epinephrine Auto Injector must be provided by the parent/ guardian.
6. Medication must be hand-delivered to the school by the parent or, under special circumstances, an adult designated by the parent. Under no circumstances will either the school or church personnel administer medication brought to school by the student.
7. All medication kept in the school will be stored in a secure area accessible only to authorized personnel.
8. Any unused medication will be collected by the parent within one week after the end of the school year.
9. In no case may the school or church staff member administer epinephrine to a student who is identified as subject to anaphylactic reaction outside the framework of the procedures outlined above.
10. The school director will call the prescriber, as allowed by the *Health Insurance Portability and Accountability Act* (HIPAA), if a question arises about the student and/or the student's medication.