

MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

EMERGENCY CARE FOR THE MANAGEMENT OF A
STUDENT WITH A DIAGNOSIS OF ANAPHYLAXIS
Release and Indemnification Agreement for
EpiPen® (Epinephrine Auto Injector)

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (MCDHHS) personnel to administer an Epinephrine Auto Injector as directed by the health care provider (Part II, below). I agree to release, indemnify, and hold harmless MCPS and MCDHHS 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 MCPS and MCDHHS staff are following the health care provider's orders as written in Part II. I am aware that the injection may be administered by a trained, unlicensed staff member. I have read the procedures outlined on the back of this form and assume the responsibilities as required. I understand that the rescue squad will always be called when an Epinephrine Auto Injector is administered, whether or not the student manifests any symptoms of anaphylaxis.

Student Name _____ /_____/_____
Birthdate School

_____/_____/_____
Signature, Parent/Guardian Phone Number Date

PART II: TO BE COMPLETED BY THE HEALTH CARE PROVIDER

In accordance with Maryland State Regulations, the Epinephrine Auto Injector may be administered by unlicensed staff (MCDHHS School Health Room Aide or MCPS employee) that are trained by the school nurse. Unlicensed staff are not allowed to wait for the appearance and observe for the development of symptoms before administering the Epinephrine Auto Injector

- Name of medication: Epinephrine Auto Injector (brand names include EpiPen and Twinjet)
 - Ana-Kit® will not be accepted for use at school.
 - Epinephrine Auto Injector will not be accepted for the management of asthma.
- Reason for medication: For the management of acute allergic reactions to: Check (✓):
 - Stinging insects (bees, wasps, hornets, yellow jackets)
 - Ingestion of (specify): _____
 - Other allergen(s) (specify under what circumstances): _____
- Medication is to be given: Check (✓):
 - If insect stings (bees, wasps, hornets, yellow jackets)
 - Ingestion of (specify): _____
 - If other known or unknown allergen(s) (explain): _____
- Route of administration for Epinephrine Auto Injector: Intramuscularly (IM) into anterolateral aspect of the thigh.
- Dosage of medication: Check (✓) one: Epinephrine Auto Injector 0.15 mg. Epinephrine Auto Injector 0.3 mg.
- Repeat dose in 10 minutes if rescue squad has not arrived.* Yes No OR Other _____
**NOTE: For repeat dose, a second Epinephrine Auto Injector must be ordered and brought to school.*
- Side effects: Palpitations, rapid heart rate, sweating, nausea and vomiting

Remarks _____

THIS MEDICATION AUTHORIZATION IS ONLY VALID FOR THE CURRENT SCHOOL YEAR

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

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication **must** be authorized by the prescriber and be approved by the school nurse according to the state medication policy.

Prescriber's authorization for self-carry/self-administration of emergency medication _____ /_____/_____
Signature, Health Care Provider Date

School RN approval for self-carry/self-administration of emergency medication _____ /_____/_____
Signature, School RN Date

PART II: TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE

Parts I and II are completed 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 Injector received: 1 device 2 devices

Reviewed by _____ /_____/_____
Signature, Principal/School Nurse Date

INFORMATION/PROCEDURES

1. The 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.
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.) The principal or school nurse 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 health (MCDHHS) or school (MCPS) 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 Health Room Aide or school staff member administer epinephrine to a student who is identified as subject to anaphylactic reaction outside the framework of the procedures outlined above.
10. A physician's order and parental permission are necessary for self-carry/self-administered emergency medications such as **Epinephrine Auto Injector** for anaphylaxis. **The school nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative the student understands the necessity for reporting to either the health staff or MCPS staff following self-administration of an Epinephrine Auto Injector, so 911 may be called.**
11. The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the student and/or the student's medication.