

Date _____

Utah Department of Health/Utah State Office of Education
Epinephrine Auto Injector(EAI) Medication Form
In Accordance with Utah Code 53A-11-603 and 26-41, HB 101, 2008 General Session

Student Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____

Health Care Provider Authorization

The above named student is under my care. I feel it is medically appropriate for the student to self-administer Epinephrine Auto Injector(EAI) medication, when able and appropriate, and be in possession of EAI medication and supplies at all times. The medication prescribed for this student is:

Name of Medication _____

Dosage _____

Possible Side Effects _____

Signature of Health Care Provider _____ Date _____

Parent/Guardian Authorization (mark all that apply)

I authorize my child _____ to carry prescribed Epinephrine Auto Injector(EAI) medication and supplies.

I authorize the appropriate/designated school personnel maintain my child's medication for use in an emergency.

I authorize my child to self-administer and carry the prescribed medication described above consistent with In Accordance with Utah Code 53A-11-603 and 26-41, HB 101, 2008 General Session

I do not authorize my child to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain my child's medication for use in an emergency.

My child and I understand there may be serious consequences, including suspension/expulsion from school, for sharing any medications and/or supplies with other students or school staff.

Parent/Guardian Signature _____ Date _____