

## EPINEPHRINE MEDICATION POSSESSION FORM

Name of Student:	DOB:
Address:	Home Phone:
Parent/Guardian:	Cell Phone:
	Work Phone:
Emergency Contact:	Phone:
Licensed Health Care Provider's Statement:	
	edically appropriate for the student to possess an epinephrine ion of the epinephrine auto-injector at all times. Below is at I have prescribed for the student:
Name of Medication:	
Type of Medication:	
Dosage:	
Possible Side Effects:	
Signature of Health Care Provider	<u>Date</u>
	I authorize my student to possess an epinephrine auto-injector t is responsible for, and capable of, possessing an epinephrine
I also acknowledge that my student and I understand t for students sharing any medications with others.	here are serious consequences, which may include suspension,
Signature of Parent/Guardian	

Note: The school will comply with the requirements of Utah Code Ann. §§ 26-41-101, et seq., regarding emergency injection for anaphylactic reactions in the event any school personnel seeks to become a "qualified adult" under that provision. The school will make an emergency epinephrine auto-injector available to a school employee who becomes a qualified adult. A qualified adult may immediately administer an epinephrine auto-injector to a student (or other person) exhibiting life-threatening symptoms of anaphylaxis when a physician is not immediately available, and shall initiate emergency medical services or other appropriate medical follow-up in accordance with their training materials after administering an epinephrine auto-injector.