

Manassas Park City Schools
EMERGENCY CARE FOR PREVENTION OF ANAPHYLAXIS
 Release and Indemnification Agreement for Epinephrine

PART I - TO BE COMPLETED BY THE PARENT OR GUARDIAN

I hereby authorize the Manassas Park trained personnel to administer an Epinephrine Injection as directed by this authorization. In the absence of gross negligence or willful misconduct, I agree to release, indemnify, and hold harmless the City of Manassas Park Schools and any of their officers, employees, or agents from lawsuit, claim, expense, demand or action, etc, arising from the administration of Epinephrine, provided MPCS staff comply with the physician's or parent/guardian's orders set forth in accordance with Part II below. I am aware that the injection may be administered by a specifically trained nonhealth professional. I have read the procedures outlined and assume responsibilities as required. I understand that the rescue squad will always be called when epinephrine is administered, whether or not the student manifests any symptoms of anaphylaxis.

Student: _____ Homeroom Teacher/Grade _____
 Birthdate: _____ School: _____

Parent or Guardian's Signature Daytime Phone

PART II - TO BE COMPLETED BY THE PHYSICIAN

Emergency injections may be administered in Manassas Park Schools by nonhealth professionals. These persons are taught by the school health nurse to administer the injection. For this reason, only Epi-pen Auto Injectors or Epi-pen Jrs. may be given. It should be noted that these staff members are not trained observers and therefore cannot observe for the development of symptoms before administering the injections.

Administer the following injection immediately after report of exposure to:

(Indicate Specific Allergen(s) and Signs and Symptoms to Observe For)

Check as appropriate:

Epi-pen Jr.

- Give the premeasured dose of 0.15 mg epinephrine 1:2000 aqueous solution. (0.3 cc).
- Repeat dose in 15 minutes if rescue squad has not arrived. (Two kits will be needed in school.)

Epi-pen

- Give the premeasured dose 0.3 mg epinephrine 1:1000 aqueous solution. (0.3 cc).
- Repeat dose in 15 minutes if rescue squad has not arrived. (Two kits will be needed in school.)

Remarks: _____

Note: Medication expiration date must be clearly indicated.

Physician's Name (Print or Type) Physician's Signature Phone # Date

PART III – TO BE COMPLETED BY THE PRINCIPAL OR PRINCIPAL DESIGNEE

Parts I and II above are completed including signatures and medication is properly labeled by a pharmacist.

Principal or Principal Designee's Signature Date

ORIGINAL: Student Health/Medical History Record
 RETENTION: Upon student withdrawal or five years after graduation