

Neshaminy School District

2001 Old Lincoln Highway • Langhorne, Pennsylvania 19047-3295

EMERGENCY EPINEPHRINE ORDER

Student Name	Age	Beginning	End	
Medication				
Dosage/Time/Frequency	1 1			
The above student is qualified and able to carry and to self-administer	r emergeno	y epinephrine inject	ion.	
The above student should keep the emergency epinephrine in the sch	ool health	office and should be	supervised during its use.	
Signature of Physician				
Printed Name/Address of Physician			(stamp if available)	
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I request that the Neshaminy School District (NSD) comply with the remergency epinephrine. I relieve the NSD and its personnel from all responsed doses. I understand that my student may not share this medication school nurse when the emergency epinephrine is required. I authorize the my health care provider to reply as needed regarding this medication and	onsibility foons with any e school nu	or my student's use or other person and turse to communicate	or misuse of the medication inc hat he/she will immediately not	luding ify the
I request that my student keep their emergency epinephrine in the so student in the use of their emergency epinephrine or dispense the medica nurse to communicate with my child's health care provider, and my health child's response.	ation in acc	ordance with the po	licies of the NSD. I authorize th	he school
Parent Signature				

**Any medication to be administered by school personnel must be delivered to the school nurse and is required to be in a container appropriately labeled by a pharmacy accompanied by a physician's order and written parental permission.