

Emergency Epinephrine Opt-Out Form

Information You Should Know About Emergency Epinephrine

Emergency epinephrine is:

- Used to counteract anaphylaxis, a rapid, severe, life-threatening allergic reaction that can cause skin itching and hives, throat tightness, wheezing, and inability to breathe, and may result in death. Common allergens that can cause anaphylaxis include food, bee sting venom, medications and latex. A life-threatening reaction can occur within minutes or hours after exposure to an allergen. The treatment for anaphylaxis is prompt administration of epinephrine and transport by emergency medical services (EMS) to the nearest hospital emergency department.

Per Pennsylvania law, emergency epinephrine may be administered to:

- Students who have a known history of severe life-threatening allergies and have a prescription for an epinephrine auto-injector
- Students who have their first life-threatening allergic reaction to an unknown or undiagnosed allergy while at school

Persons who may administer emergency epinephrine include:

- A nurse working in the school building
- A trained unlicensed school employee (auto-injector only)

Emergency epinephrine is administered by either:

- Auto-injector, or
- drawing medication from a vial into a syringe and injecting intramuscular

Emergency epinephrine is stored:

- In a secured location on school premises

I acknowledge that I have read this document in its entirety and fully understand it. By signing this form, I am declining administration of emergency epinephrine for my student in the event he or she exhibit signs of a severe allergic reaction. I understand the possible negative health consequences for my student if he or she is experiencing a severe allergic reaction and does not receive emergency epinephrine. I understand that I may change my choice at any time by contacting the certified school nurse in writing.

Student Name: _____ Grade: _____

School: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

School Personnel Witness of Parent/Guardian Signature: _____

Date: _____