



**EPINEPHRINE AUTO INJECTOR (EAI)
AUTHORIZATION FORM**

Date: _____

Student Name Birth Date Grade

Address City State Zip

I, _____, parent/guardian of above named student, certify that the epinephrine auto injector has been prescribed for him/her. I request that the student’s school (named above) identify and train school personnel who volunteer to be trained in the administration of Epinephrine Auto Injector (EAI) medication in accordance with Utah Code Ann. § 26-41-104. I authorize the administration of EAI medication in an emergency to the student in accordance with Utah Code § 26-41-104.

Parental Responsibilities

- The parent/guardian is to furnish the Epinephrine Auto Injector (EAI) medication and bring it to the school in the current original pharmacy container bearing a pharmacy label with the child’s name, medication name, administration time, medication dosage, and healthcare provider’s name.
- The parent/guardian, or other designated adult will deliver to the school and replace the EAI medication within two weeks if the EAI single dose medication is given.
- If student has a change in his/her prescription, the parent/guardian is responsible for providing the newly prescribed information and dosing information as described above to the school. The parent/guardian will complete an updated EAI Authorization Form before the designated staff can administer the updated EAI medication prescription.
- The parent/guardian will complete, sign and deliver an EAI Self-Administration Form if the student is to possess EAI medication at all times.

I give permission for the school designee to contact my child’s health care provider if clarification is needed to administer EAI medication. I agree to meet the parental responsibilities listed above. I give permission for school personnel to release personal and medical information about my child if necessary in a health-related emergency situation. I understand this completed and signed form authorizes designed school personnel to administer epinephrine in emergency situations consistent with Utah Law.

Signature of Parent/Guardian

Date

Phone Number: _____

Emergency Number: _____