EPINEPHRINE AUTHORIZATION

I hereby authorize Inquisiminds personnel to administer epinephrine injection(s) as directed below. I agree to release, indemnify, and hold harmless Inquisiminds and any of their staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for administering the injection, provided they follow the directions below. I am aware that the injection will be administered by a nonhealth professional. I have read the procedures outlined on this form and assume responsibility as required.

Only premeasured doses of epinephrine may be given by Inquisiminds staff members. Medication must be properly labeled by a pharmacist. If a physician's orders include a repeat of the epinephrine injection, then the parent or guardian must supply Inquisiminds with two epinephrine autoinjectors.

I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Student Name (Last, First, Middle)

Date of Birth Date of birth	Academy Attending (circle one): Junior, Lower Elem, Upper Elem, Middle School	Day of Week attending Inquisiminds (circle one): Tuesday, Wednesday, Thursday, Friday

The following injection will be given immediately after report of exposure to: _

Indicate specific allergen(s) or unknown

Directions for giving the premeasured dose. When to repeat dose, etc.

Parent or Guardian Signature	Daytime Telephone	Date