

BUFFALO HANOVER MONTROSE SCHOOLS
Epinephrine Auto-injector Parent/Guardian Informed Consent Form

According to school records your child has a history of a heart condition and/or heart murmur. A severe allergic reaction (anaphylaxis) can occur in a previously unidentified individual. An individual can exhibit an allergic response to insect sting venom, foods, pollens, latex, exercise, extreme heat/cold, chemicals, drugs or idiopathic (unknown). Allergic responses can range from mild to a severe anaphylactic reaction. A severe reaction can occur quickly and can become life threatening within minutes. It is well documented that it is safer to administer epinephrine than to delay treatment for anaphylaxis. Epinephrine, like any medication, has potential side effects. They include fast, irregular or pounding heartbeat, sweating, headache, weakness, shakiness, paleness, anxiety, dizziness, nausea, vomiting and breathing problems. **Since your child has a known heart condition, please talk with his/her health care provider about the safety and side effects of administration of epinephrine in the event of a life threatening allergic reaction (anaphylaxis).** Once you have done so, please complete this form.

By consenting, you are authorizing **trained school personnel** to administer emergency epinephrine (0.3 mg if 66 pounds or greater, 0.15 mg if less than 66 pounds) if in his/her professional judgment, your child's health is in danger if not used. Epinephrine auto-injectors rapidly deliver a pre-measured, sterile, single dose of epinephrine by direct injection through the skin. If your child requires epinephrine administration, 911, parents and the Licensed School Nurse (if administered by Health ESP) will be called immediately. **If symptoms persist or recur, a second dose of epinephrine will be administered 5 to 15 minutes after the first.** The emergency epinephrine will be kept in the school health office and will not be sent on school based field trips or available before or after the instructional day.

Informed Consent-Please put an X on the appropriate line

_____ I **consent** to have BHM Schools administer an epinephrine auto-injector to my child if my child is experiencing a life threatening allergic reaction/anaphylaxis; even though my child has a heart condition and knowing that the side effects of epinephrine affect the heart. This is a one-time consent and will follow your child through their BHM School career.

_____ I **do not consent** to have BHM Schools to administer epinephrine auto-injector to my child, even if my child is experiencing a life threatening allergic reaction/anaphylaxis.

Child's Name: _____ Date of Birth _____

Nature of heart condition: _____

Parent Signature _____ Date _____

If you have questions, please contact your child's school health office.

Please return this form as soon as possible to your child's school.