Neshaminy School District

We Build Futures

Administrative Offices • 2250 Langhorne-Yardley Road • Langhorne, PA 19047

EMERGENCY EPINEPHRINE ORDER

Student Name_____ Age____ Beginning_____ End_____

Medication_____

Dosage/Time/Frequency _____

___The above student is qualified and able to carry and to self-administer emergency epinephrine injection.

___The above student should keep the emergency epinephrine in the school health office and should be supervised during its use.

Signature of Physician _____

Printed Name/Address of Physician _____(stamp if available)

PLEASE NOTE: In the absence of a school nurse, epinephrine will be administered for suspected anaphylactic reactions.

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