



Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis

Release and Indemnification Agreement for Emergency Epinephrine

MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

MCPS Form 525-14
August 2025
Page 1 of 2

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer an epinephrine auto-injector as directed by the authorized prescriber (Part II, below). I agree to release, indemnify, and hold harmless MCPS and DHHS and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided MCPS and DHHS staff are following the authorized prescriber's orders as written in Part II. I am aware that the injection may be administered by a trained, unlicensed staff member. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

I understand that the rescue squad (911) will always be called when an epinephrine auto-injector is administered, whether or not the student manifests any symptoms of anaphylaxis.

Student Name: Last _____ First _____ MI _____

MCPS ID# _____ Date of Birth ____/____/____ School Name _____

Student will eat MCPS cafeteria food ☐ Yes ☐ No

Signature, Parent/Guardian _____ Phone ____-____-____ Date ____/____/____

PART II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

In accordance with Maryland State Regulations, the emergency epinephrine may be administered by unlicensed staff (DHHS School Health Room Technician (SHRT) or MCPS employee) that are trained by the School Community Health Nurse (SCHN). Unlicensed staff **do not** wait for symptoms for students with an authorized prescriber's order to administer the epinephrine auto-injector.

1. **Name of medication:** epinephrine auto-injector (*epinephrine auto-injector will not be accepted for the management of asthma*).

2. **Diagnosis:** Anaphylaxis/Severe allergic reaction to: _____

3. **Dosage of medication:** Check one: ☐ epinephrine auto-injector 0.15 mg. ☐ epinephrine auto-injector 0.3 mg.
☐ 1 mg. Neffy ☐ 2 mg. Neffy

4. For all forms of epinephrine: Repeat dose in 15 minutes if EMS has not arrived. For Neffy only: If symptoms don't improve or get worse, give a second dose of Neffy in the same nostril 5 minutes later if EMS has not arrived.*

*NOTE: for repeat dose, a second dose must be brought to school.

5. **Time to be given at school:** PRN. Check (✓) all that apply

Ingestion of:

☐ Peanut ☐ Tree nut ☐ Soy ☐ Sesame ☐ Fish ☐ Shellfish ☐ Wheat

☐ Milk—safe in baked goods ☐ Yes ☐ No ☐ Egg—safe in baked goods ☐ Yes ☐ No

☐ Other food(s) _____

☐ Stinging insects—i.e., bees, wasps, hornets, yellow jackets

☐ Other known or unknown allergen(s) (must include specific symptoms): _____

6. **Route of administration for epinephrine auto-injector:** (IM) into anterolateral aspect of the thigh. Route of administration for Neffy: Intranasal into the same nostril.

7. **Side effects:** Palpitations, rapid heart rate, sweating, nausea and vomiting: _____

THIS MEDICATION AUTHORIZATION IS EFFECTIVE ☐ Current school year, or ☐ Effective dates ____/____/____ to ____/____/____

Authorized Prescriber _____
Name—Print or Type Phone Number Original Signature, Authorized Prescriber Date

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION: AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication **must** be authorized by the prescriber and be approved by the school nurse according to Maryland State School Health Services Guidelines.

Prescriber's authorization for self-carry/self-administration of emergency medication:

Signature, Authorized Prescriber _____ Date ____/____/____

SCHN approval for self-carry/self-administration of emergency medication:

Reviewed by: Signature, SCHN _____ Date ____/____/____

PART III: TO BE COMPLETED BY THE SCHN OR PRINCIPAL

☐ Parts I and II are complete, including signatures. It is acceptable if all items in Part II are written on the authorized prescriber's stationery/prescription form.

☐ Medication properly labeled by a pharmacist. **Emergency epinephrine** received: ☐ 1 dose ☐ 2 dose

Reviewed by: Signature, SCHN/Principal _____ Date ____/____/____

INFORMATION AND PROCEDURES

1. Student individually prescribed emergency epinephrine WILL NOT BE ADMINISTERED IN SCHOOL OR DURING SCHOOL sponsored activities without a parent/guardian signed authorization and waiver and an authorized prescriber's order/authorization for students with a known diagnosis of anaphylaxis.
2. This form must be on file in the student's health folder. The parent/guardian is responsible for obtaining the authorized prescriber's order/authorization. (See Part II.) The principal or school nurse will ensure that all items on the form are complete.
3. The parent/guardian is responsible for submitting a new form to the school each school year and whenever there is a change in dosage or a change in conditions under which the epinephrine auto-injector is given.
4. An authorized prescriber may use office stationery/prescription pad in lieu of completing Part II. Information necessary includes: student's name, allergen for which the emergency epinephrine is being prescribed, amount of pre-measured epinephrine, order for repeat dose if deemed necessary, authorized prescriber's signature and date.
5. Medication must be properly labeled by a pharmacist and must match the authorized prescriber's order. If the authorized prescriber's orders include a repeat dose of epinephrine, an additional epinephrine dose must be provided by the parent/guardian.
6. Medication must be hand-delivered to the school by the parent/guardian or designated adult. Staff will **not** administer medication brought to school by the student.
7. All medication kept in the school will be stored in a secure area accessible only to authorized personnel.
8. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the authorized prescriber's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
9. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications. The school nurse must evaluate and approve the student's ability and capability to self-administer medication. The student must understand the necessity for reporting to either health staff or MCPS staff following self-administration of an emergency epinephrine.
10. The school nurse will call the authorized prescriber as allowed by the Health Insurance Portability and Accountability Act (HIPAA), if a question arises about the epinephrine auto-injector order.
11. Use [MCPS Form 525-13, Authorization to Administer Prescribed Medication, Release and Indemnification Agreement](#), for all other prescribed medications.