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| Collaborative Practice Agreement | | | | |
| School District |  | | | |
| Address |  | | | |
| This is a written and signed agreement between a physician licensed in the State of Maine or a school health advisor under 20-A MRSA §6402-A and a school nurse under 20-A MRSA §6403-A who represents the school district as listed above. This is meant to accompany the standing orders that are provided annually by the school health advisor. | | | | |
| Licensed Provider Name | | |  | |
| Provider Address | |  | | |
| Provider Phone | |  | | |
| **Services to be provided:** | | | | |
| ⧠ Epinephrine— This agreement permits a physician licensed in this State or school health advisor to prescribe an epinephrine autoinjector and direct a school nurse to administer an epinephrine autoinjector in good faith to any student experiencing anaphylaxis during school or a school-sponsored activity. Pursuant to this agreement, the school nurse is authorized during school or a school-sponsored activity to designate other school personnel with training required by rule to administer an epinephrine autoinjector if the school nurse is not present when a student experiences anaphylaxis. | | | | |
| ⧠ Epinephrine Protocol is established | | | | |
| ⧠ Naloxone— This agreement permits a physician licensed in this State or school health advisor to prescribe naloxone hydrochloride and direct a school nurse to administer naloxone hydrochloride in good faith to any student, staff member or visitor experiencing an apparent opioid overdose during school or a school-sponsored activity or otherwise on school grounds. Pursuant to this agreement, the school nurse is authorized during school or a school-sponsored activity or otherwise on school grounds to designate designated school personnel to administer naloxone hydrochloride if the school nurse is not present when a student, staff member or visitor experiences a suspected opioid overdose. | | | | |
| ⧠ Naloxone Protocol is established | | | | |
| Other Directions/Comments: | | | | |
| Superintendent of Schools Name: | | | |  |
| Superintendent of Schools Signature: | | | |  |
| Licensed Medical Provider Name: | | | |  |
| Licensed Medical Provider Signature: | | | |  |
| School Nurse Name: | | | |  |
| School Nurse Signature: | | | |  |
| Dates Effective: (to be renewed annually) | | | |  |