*sample*

Collaborative Practice Agreement

|  |  |  |
| --- | --- | --- |
| School Administrative Unit |  | |
| Address |  | |
| Phone |  | |
| 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 agreement should accompany the annual standing orders provided by the school health advisor. | | |
|  | | |
| Licensed Provider |  | |
| Address |  | |
| Phone |  | |
| |  |  | | --- | --- | | Services to be provided | | | EPINEPHRINE | **NALOXONE** | | ⧠ Epinephrine Protocol is established | **⧠ Naloxone Protocol is established** | |  | | | ⧠ Epinephrine—the prescription of an epinephrine autoinjector in good faith to any student experiencing anaphylaxis during school or a school-sponsored activity. Pursuant to a collaborative practice agreement, a physician licensed in this State or school health advisor may authorize the school nurse during school or a school-sponsored activity to designate other school personnel with the training required by rule to administer an epinephrine autoinjector if the school nurse is not present when a student experiences anaphylaxis.  "Epinephrine autoinjector" means a single-use device used for the automatic injection of a premeasured dose of epinephrine into a human body or another single-use epinephrine delivery system approved by the Federal Food and Drug Administration for public use. | ⧠ Naloxone—the prescription of naloxone hydrochloride by the licensed medical provider and administration of 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 a collaborative practice agreement, a physician licensed in this State or school health advisor may authorize the school nurse 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. | | | |
| Other directions/comments | | |
| Superintendent of Schools: | |  | |
| Signature: | |  | Date: |
| Licensed Medical Provider: | |  | |
| Signature: | |  | Date: |

*Annual renewal required*