



Health Office

# Bridgewater-Raritan Regional School District

836 Newmans Lane  
Bridgewater, New Jersey 08807

(908) 685-2777

## Life-threatening Allergy Accommodations Form

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

PLEASE CHECK THE EXPIRATION DATE OF THE MEDICATION BEFORE SENDING TO SCHOOL.

Please indicate your preference (YES or NO) for the following accommodations for your child who has been diagnosed with a life-threatening allergy and will store an epinephrine auto-injector at school:

	YES	NO
<b>Delegation of employee to administer epinephrine in the absence of the School Nurse. NOTE: Only the epinephrine auto-injector can be delegated. Delegate authorization form must be completed and signed by the parent/guardian and submitted to the Health Office to accommodate a request for a delegate.</b>		
<b>Bus seating: Student will sit in the first seat of the bus to the right of the driver at all times</b>		
<b>Medical Alert Poster with picture will be placed in the cafeteria/playground assistant folder, classroom teacher substitute folder, and bus driver folder.</b>		
<b>Cafeteria seating: Student will be required to sit at a table designated for students with food allergies.</b>		

Please consider food allergies when contributing to classroom celebrations. Parents will be notified regarding food allergies in the classroom.

### Please remember to do the following:

1. Return all required medical forms to the Health Office prior to the start of school.
2. Deliver medication to the School Nurse on or before the first day of school.

I give permission for my child's allergy information to be released to necessary school staff, including teachers, teaching assistants, cafeteria staff, and transportation staff.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_