

**PARENTAL AUTHORIZATION
EMERGENCY ADMINISTRATION OF EPINEPHRINE**

Parent/ Guardian: Please complete the following items:

List all the allergens that affect your child:

List the allergens that you know could cause a severe allergic anaphylactic reaction in your child:

Describe the signs and symptoms your child exhibits during a mild allergic reaction not requiring the use of epinephrine:

Has your child ever had a **severe** allergic reaction requiring the administration of an Epipen (epinephrine) injection?

YES _____ DATE _____
NO _____

Describe the signs and symptoms your child exhibits during a severe allergic (anaphylactic) reaction requiring the use of epinephrine:

Describe any side effects your child experienced from the use of this medication:

List any other pertinent information (medical and or psychosocial) we should know about your child.

Signature of Parent / Guardian

Date

Signature of School Nurse

Date

**SPRINGFIELD PUBLIC SCHOOLS
SPRINGFIELD, NEW JERSEY 07081**

Authorization for the Emergency Administration of Epinephrine

I authorize the administration of a pre-filled single dose auto-injector mechanism containing epinephrine be given to my child _____ by the school nurse or by the person delegated by the school nurse when the school nurse is not available if my child is experiencing anaphylaxis and does not have the capability for self-administration of the medication.

I understand that if the procedures in N.J.S.A. 18:41-12.5 and 12.6 and the procedures specified in the “Protocol and Implementation for the Emergency Administration of Epinephrine by the Delegate Trained by the School Nurse” are followed, Springfield Public Schools shall have no liability as a result of any injury arising from the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine by the school nurse or designee(s) to the pupil and that the parents or guardians shall indemnify and hold harmless Springfield Public Schools and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to the pupil.

Any student who has provided authorization for the emergency administration of epinephrine to their school’s health office shall have a designee available, either a nurse or their delegate, upon the request of a parent / guardian, for field trips, athletic/after school activity programs sponsored by the Springfield Board of Education. *It is the responsibility of the parent/guardian(s) of the authorized student to notify the school nurse and/or building principal in writing if their child participates in a function sponsored by the Springfield Board of Education and if there is a need for a delegate trained in the administration of emergency use of epinephrine by auto injector.*

This authorization is effective for the school year beginning _____ and ending _____.

Signature of Parent / Guardian

Date