

# HARMONY TOWNSHIP SCHOOL

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## HEALTHCARE PROVIDER AUTHORIZATION FOR THE DELEGATION OF EMERGENCY ADMINISTRATION OF EPINEPHRINE

My patient \_\_\_\_\_, has a documented history of anaphylaxis. The identified trigger(s) for an anaphylactic reaction in this child is:

\_\_\_\_\_.

I certify that this student does not have the capability to self-administer epinephrine and so request the school nurse to delegate to another school employee, the emergency administration of epinephrine via an auto-injector to this child when the school nurse is unavailable. This child has exhibited the following symptoms during an anaphylactic reaction:

\_\_\_\_\_.

After ascertaining that the child has been exposed to a trigger listed above, the designee(s) should be trained to administer the epinephrine for the following symptoms:

\_\_\_\_\_

Name of Medication to be delegated

\_\_\_\_\_

Dosage and route

**\*\*Please note that the administration of Benadryl cannot be delegated, only epinephrine.**

Possible side effects of the medication: \_\_\_\_\_

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Healthcare Provider Signature

Printed Name

Date