

Clinton Public School
10 School Street Clinton, NJ 08809
ADMINISTRATION OF EpiPen® AT SCHOOL

Student Name: _____

School Year: _____

I. Healthcare Provider's Order:

The above student requires the administration of epinephrine for anaphylaxis and does not have the capacity for self administration of the medication. This order is valid for the current school year.

The Student's potential triggers of Anaphylaxis are:

Please administer _____ EpiPen® 0.3mg _____ EpiPenJr® 0.15mg

May repeat the dose in: _____

Provider's Signature: _____ Date: _____

Stamp:
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II. Parental/Guardian Consent:

I hereby acknowledge my understanding that if the procedures outlines in P.L. 1997, c.268 (N.J.S.A 18A. 40-12.5 and 12.6) and " Protocol and Implementation Plan for Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse" issued by the NJ Department of Education are followed, the school district and its employees or agents shall incur no liability as a result of any injury arising from the administration of a pre-filled single dose auto injector containing epinephrine (EpiPen®) and the parent/guardian shall indemnify and hold harmless the school district and its employees or agents from any and all claims arising from the administration of a pre-filled single dose auto injector containing epinephrine.

Parent/Guardian's
Signature: _____ Date: _____