AUTHORIZATION FOR ADMINISTRATION OF EPINEPHRINE

The New Jersey State Law and the Lindenwold Board of Education, require a physician's written order and parent/guardian authorization for a nurse to administer epinephrine. This medication must be in a pharmacy prepared container and labeled with the name of the child, the physician's name and date:

Physician's Order:

Student Name_____ D.O.B._____ Grade_____

Address: _____

_____

The above named child is under my care for_____

History of anaphylaxis is: Actual_____ Potential_____
Description:_____
_____

Signs of Allergic Reaction:

(____) Mouth (Itching, swelling of oral area)
(____) Skin (Hives, rash, swelling of face/extremities)
(____) Lungs (Shortness of breath, cough/wheeze)
(____) Throat (Tightness, cough, hoarseness)
(____) GI (Nausea, vomiting, abdominal cramps/diarrhea
(____) Heart (Rapid, thready pulse)

Medication: _____ Dosage: _____
To be given for: _____

Medication: _____ Dosage: _____
To be given for: _____

This child has been trained and is able to self-administer the prefilled auto injector mechanism of epinephrine. Yes_____ No_____

If the child is unable to self-administer the epinephrine, the certified school nurse will administer the epinephrine. If, for any reason, the certified school nurse is unable to administer the epinephrine, a predetermined delegate trained by the school nurse will administer the epinephrine. If, for any reason, the predetermined delegate is unable to administer the epinephrine, 9-1-1 will be called to support the child. *Antihistamines cannot be given by the delegate. If the school nurse is not available, the delegate will administer epinephrine only and call 9-1-1.*

I understand that after the administration of epinephrine in the school setting, the student will be immediately transported to the nearest hospital facility for further evaluation and possible treatment by an attending physician and the physician listed below will be called.

Print Health Care Provider's Name: _____

Address: _____

Phone Number: _____

_____ _____
SIGNATURE DATE

This authorization is effective only for the school year in which it is granted. N.J.S.A. 18A:40-12.5 10/14/08