

SOUTHAMPTON TOWNSHIP SCHOOLS

in Historic Vincentown Village



Physician's Permission for Delegating the Administration of Epinephrine via a Pre-filled, Single Dose Auto-Injector Mechanism

Student's Name: _____ D.O.B. _____

Anaphylactic Allergy to:

- ☐ Insect stings such as bees or wasps
- ☐ Food allergy to _____
- ☐ Exposure to the following allergen _____

I certify that this student suffers from a life threatening reaction to the allergen(s) listed above, and does not have the ability to self administer an injection of epinephrine. I understand that there may be times, such as a field trip or an extracurricular event, that a school nurse is not available to this child. In these cases the school may elect to train a delegate to administer an Epi-Pen or an Epi-Pen Jr so that this child would always be accompanied by someone to administer this life saving drug.

If there is reasonable suspicion the above named child has been stung or has ingested the above named allergen, or if any of the signs of anaphylaxis develop, I give my permission for the trained delegate to follow this protocol. Signs of an anaphylactic reaction include: itching or swelling of the lips, tongue, or mouth; itching or tightness in the throat, hoarseness; hives, itchy rash, and swelling of the face or extremities; nausea, abdominal cramps, vomiting, and diarrhea; shortness of breath, wheezing or hacking cough; thready pulse or passing out.

1. ___ Administer immediately: ☐ the Epi-Pen (.3mg) subQ or IM
☐ the Epi-Pen Jr. (.15) subQ or IM
___ Administer only if signs of anaphylaxis develop:
☐ the Epi-Pen (.3mg) subQ or IM
☐ the Epi-Pen Jr. (.15mg) subQ or IM
2. Call 911 and parent immediately.
3. Begin CPR if pulse or breathing absent.
4. Make child as comfortable as possible until ambulance arrives.

Physician's signature: _____ Office Stamp:

Date: _____

*Please note that the NJ State Law PL 1997,C.368 allows the delegate to administer no other medications besides an Epi-Pen or an Epi-Pen Jr.

3/07