AUTHORIZATION FOR ADMINISTRATION OF SINGLE UNIT DOSE EPINEPHRINE AT SCHOOL

(Please compete both sides.)

This form must be completed by a PHYSICIAN/APN/PA and PARENT **ANNUALLY** for any student requiring Epinephrine while in school or at a school-sponsored event.

Section I: To be completed by the Physician/APN/PA:

STUDENT NAME: _____ DOB: _____GRADE: _____

ALLERGY TO: _____

Asthmatic Yes* ( ) No ( ) *Higher risk for severe reaction

The student's possible symptoms of Anaphylaxis are: _____

or ____Unknown at this time but student is at risk for future anaphylaxis.

Location of epinephrine (check all that apply): _____ with student _____ with nurse _____ other_____

Single Unit Epinephrine Product Choice and Dosage:

Epinephrine: via IM Injection (select one): _____Epinephrine auto-injector 0.3mg up to 2 doses PRN

_____ Epinephrine auto-injector 0.15mg up to 2 doses PRN

OR

Epinephrine: Via Nasal Route (select one): _____Neffy 2mg nasal spray up to 2 doses PRN

_____ Neffy 1mg nasal spray up to 2 doses PRN

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check all that apply):

P. L. 2007, c 57 directs that a student may be permitted to self-administer medications for potentially life-threatening illness provided proper procedures are followed.

____ This student has a potentially life-threatening allergy and will carry epinephrine at all times in school or when attending a school sponsored event

____ This student understands, has been instructed, and is capable of the proper technique of self - administration of the prescribed medication(s)

____ This student is aware that he/she must report any suspected exposure to allergen, any signs of allergic reaction, and any use of prescribed medication to an adult immediately

____ The student requires sitting at an allergen free cafeteria table

_____ The student does not need to sit at an allergen free cafeteria table.

Physician Signature: _____ Date: _____

Physician's Stamp:

SECTION II- To be completed by parent/guardian:

My child requires emergency administration of a Single Unit Dose Epinephrine product in the event of anaphylaxis.

I consent to the following for the 20___/20____school year:

- I will assure that the medication is in its original prescription container.
- I understand that it is my responsibility to ensure that the student has the medication available at school at all times.
- I will be responsible for noting expiration date and replacing expired medication.
- For students allowed to carry and self-administer: Extra medication will be sent to school to be kept in the Health Office in case my child forgets to bring the prescribed medication to school.
- I give permission for my child to receive medication at school as prescribed by my child's physician.
- I give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications.
- I give permission for the school nurse to share this medical information with members of the district staff who have direct responsibility for my child in school or at a school sponsored event.
- I understand that the district and its employees or agents shall incur no liability as a result of any injury arising from the administration or self-administration of medication by the pupil and/or staff, and we, the parents or guardians, indemnify and hold harmless the school district and its employees or agents against any claims arising out of the administration or self-administration of medication by the pupil and/or staff. Any person who acts in good faith in accordance with the requirement of P.L. 2007, c 57 shall be immune from any civil or criminal liability arising from actions performed pursuant to that section.
- I will contact the school nurse with any questions or changes in my child's health condition

Parent/Guardian Signature: _____ **Date:** _____

Emergency contacts – Name/Relationship (List parent/guardians first) – Telephone numbers

1. _____ (H) _____ (C) _____ (W) _____

2. _____ (H) _____ (C) _____ (W) _____

Designation of Administration of Epinephrine

The certified school nurse may designate, in consultation with the Building Administrator, another employee of the district to administer a pre-filled single dose auto-injector mechanism containing epinephrine when the school nurse is not physically present at the scene. The employee(s) will be trained using the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education.

Delegates are assigned according to activity-sports, activities & trips

(PLEASE CHECK ONE ANSWER)

_____ **I give consent** for a trained employee(s) of the district to administer epinephrine in the event the school nurse is not present at the scene. I understand that the district and its employees or agents shall incur no liability as a result of any injury arising from the administer a single dose of epinephrine product, and that I indemnify and hold harmless the district and its employees or agents against any claims arising from the administration of a pre-filled single dose of epinephrine.

_____ I **do not consent** for an employee to be designated as an epinephrine delegate for my child.

Student Self Administration

_____ I allow my child to carry and self-administer epinephrine

_____ I do not allow my child to carry and self-administer epinephrine

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____