

Physicians Permission for Delegating the Administration of an Epi-pen when the School Nurse is not present

Student's Name: _____ DOB _____

Anaphylactic Allergy to:

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

I certify that this student at risk for an anaphylactic 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 following 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 (0.3mg) subQ or IM
 the Epi-pen Jr. (0.15 mg) subQ or IM

- _____ Administer only if signs of anaphylaxis develop:
 the Epi-pen (0.3mg) subQ or IM
 the Epi-pen Jr. (0.15 mg) 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 PL1997, C.368 allows the delegate to administer no other medications besides an Epi-pen or and Epi-pen Jr.

Parent Permission for Delegating the Administration of an Epi-pen when the School Nurse is not present

I give permission for the school nurse or her trained delegate to administer an Epi-pen or an Epi-pen jr to my child, _____, for the treatment of anaphylaxis as identify by my child's doctor. I understand that there are times in the school day such as a field trip or an extracurricular activity; the school nurse may not be present. In this situation, a trained delegate would administer the Epi-pen. I acknowledge that if the established protocols are followed, the school district and its employees shall have no liability as a result of any injury arising from the administration of the Epi-pen to my child. I indemnify and hold harmless the district and its employees or agents against any claim arising out of the administration of the Ep-pen to my child.

Parent's signature: _____ Date: _____