

**Authorization for Administration of Epinephrine and Diphenhydramine in School**

**Directions:** Please complete both sides of the form. This form is required annually for any student requiring administration of an Epinephrine Auto-Injector at school or a school sponsored event.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student Picture:** \_\_\_\_\_

**Wt. (lbs.):** \_\_\_\_\_

**Emergency Contacts – Name/Relationship (List Parent/Guardian First)**

1. \_\_\_\_\_ Home Cell Work

2. \_\_\_\_\_ Home Cell Work

**Section 1: To be completed by the Physician/Advanced Practice Nurse/Physician’s Assistant**

The Student’s Potential triggers of Anaphylaxis are: \_\_\_\_\_

Does the student have Asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No

The student’s possible symptoms of Anaphylaxis are: \_\_\_\_\_

\_\_\_\_\_ or is currently unknown but is at risk of Anaphylaxis.

\_\_\_\_\_ Does the student require seating at an “allergy free” table during meals/snacks?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Decision is up to the parent/guardian.

**Section 2: Medication Orders**

\_\_\_\_\_ Epinephrine auto-injector 0.3mg up to 2 doses as needed.

\_\_\_\_\_ Epinephrine auto-injector 0.15mg up to 2 doses as needed.

\_\_\_\_\_ School nurse may administer Diphenhydramine \_\_\_\_\_ mg by mouth (single dose)

\_\_\_\_\_ Other: \_\_\_\_\_

**Section 3: Student Self Administration Orders**

NJ P.L. 2007, c57 directs that a student may be permitted to carry and self-administer Epinephrine by auto-injector at school and sponsored functions. The student must be properly trained in the carrying and use of the medication and approval is required by their medical provider and parent/guardian.

\_\_\_\_\_ This student **IS NOT** approved for self-carry and administration.

\_\_\_\_\_ This student **may self-carry and administer** their Epinephrine auto injector. Concurrence will be obtained by the student’s parent/guardian and school nurse. This student understands the proper method of self-administration of their Epinephrine auto-injector.

\_\_\_\_\_ Date: \_\_\_\_\_ Phone Number

Medical Provider Signature

Office Stamp:

**Parent/Guardian Portion**  
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**Section 4: Parent/Guardian permission.** To be completed by parent/guardian of student. Complete and sign at bottom of page.

My child requires emergency administration of epinephrine by a pre-filled single- dose auto-injector in the event of anaphylaxis.

**I consent to the following for the current school year:**

- I will deliver the medication to the school nurse in its original prescription container labelled with child's name.
- I understand that it is my responsibility to ensure that the student always has the medication available at school.
- 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: \_\_\_\_\_

**Section 5: 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 in the building or at the scene, if outside of school. Delegates are assigned according to activity-sports, activities & trips. The employee(s) are trained using the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education.

**CHECK ONE ANSWER ONLY**

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 administration of a pre-filled single dose auto-injector mechanism containing epinephrine, 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 auto-injector mechanism containing epinephrine.

I **do not give 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 auto-injector, must be approved by physician also, on page 1.

I do not allow my child to carry and self-administer epinephrine auto-injector.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_