

BEDMINSTER TOWNSHIP SCHOOL

AUTHORIZATION FOR MEDICATIONS FOR LIFE-THREATENING ALLERGY

Student Name: _____ Date of Birth: _____ Grade: _____

Allergies (Insect Sting/Food/Medication): _____

Parent/Guardian Name: _____

Home Address: _____

Parent/Guardian Phone: Home: _____ Cell: _____ Work: _____

This section for completion by Licensed Medical Provider:

Licensed Medical Provider **Name:** _____

Address: _____

Phone: _____

Provider's Stamp: (Must be present to validate order)

I certify that this child has had an allergy to _____ exhibiting the following reaction:

Severe life-threatening reaction (requiring EPINEPHRINE and transport to hospital) on ____ / ____ / ____

Symptoms observed _____

Mild allergic reaction on ____ / ____ / ____ Treated by _____

Symptoms observed _____

Please administer:

First Medication: _____ Dose: _____ Route: _____ Frequency: _____

For symptoms of: _____

Side effects: _____ 2nd dose? When/indications? _____

Second Medication: _____ Dose: _____ Route: _____ Frequency: _____

For symptoms of: _____

Side effects: _____ 2nd dose? When/indications? _____

Third Medication: _____ Dose: _____ Route: _____ Frequency: _____

For symptoms of: _____

Side effects: _____ 2nd dose? When/indications? _____

I have instructed and certify that this child is capable of self-administering an epinephrine auto-injector Yes _____ No _____
Delegates can not administer antihistamines, only epinephrine. In the event the school nurse is not available the trained delegate should (INDICATE CHOICE):

_____ Ignore the Benadryl order and monitor for an allergic reaction and if noted administer epinephrine as prescribed.

_____ Ignore the Benadryl order and immediately administer epinephrine, do not wait for S&S of an allergic reaction.

Provider's Signature: _____ **Date:** _____

A pupil is only permitted to self-administer medication for asthma or other potentially life-threatening illnesses. Every pupil that is authorized to use self-administered asthma medication must have an asthma treatment plan prepared by the pupil's provider which shall identify, at a minimum, asthma triggers, the treatment plan and other such elements as required by the Department of Education. Students with medication orders for anaphylaxis must have an allergy action plan submitted.

I request that the above medication be administered to my child. I have read the reverse side of this form and understand and assume the responsibilities as required.

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

**Please Note: this completed form, along with the medication, must be hand delivered to the school nurse by the parent/guardian. The medication must be in the original container appropriately labeled by the pharmacy or medical provider.

ADMINISTRATION OF MEDICATION

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of the illness of any pupil. At the same time, the Board recognizes that a pupil's attendance may be contingent upon the timely administration of medication duly prescribed by a physician. **The Board will permit the dispensation of medication in school only when the pupil's health and continuing attendance in school so require and when the medication is administered in accordance with this policy.**

No medication will be administered to pupils in school except by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, or the pupil's parent(s) or legal guardian(s). Medication must be delivered to the school nurse by the pupil's parent(s) or legal guardian(s). The medication must be brought to the school nurse in the original container labeled by the pharmacy or physician. Written orders signed by the pupil's private physician or an advanced practice nurse for the use of a pre-filled single dose auto-injector mechanism containing epinephrine, must be provided stating the name of the medication, the purpose of its administration to the specific pupil for whom it is intended, its proper timing and dosage, its possible side effects, and the time when its use will be discontinued. If written orders for use of a pre-filled single dose auto-injector mechanism containing epinephrine are provided, the orders must say the pupil requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication. These written orders must be reviewed by the school physician prior to school approval for self-administration of any medication. The school physician may also issue standing orders to the school nurse regarding the administration of medication. Medication no longer required must be promptly removed by the parent(s) or legal guardian(s).

The school nurse shall have the primary responsibility for the administration of a pre-filled single dose auto-injector mechanism containing epinephrine. However, the certified school nurse may designate, in consultation with the Board or the Superintendent, another employee of the district trained by the certified school nurse in accord with the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education, to administer the pre-filled single dose auto-injector mechanism containing epinephrine when the school nurse is not physically present at the scene. The pupil's parent(s) or legal guardian(s) must consent in writing to the designated person if applicable. In addition, the parent(s) or legal guardian(s) must be informed that the school district has no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine, and the parent(s) or legal guardian(s) must sign a statement that shall indemnify and hold the district and employees harmless against any claims arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine. The permission for the emergency administration of epinephrine via a pre-filled single dose auto-injector mechanism containing epinephrine to pupils for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

A pupil is only permitted to self-administer medication for asthma or other potentially life-threatening illnesses.

The school shall have and maintain for the use of pupils at least one nebulizer in the office of the school nurse. Every pupil that is authorized to use self-administered asthma medication pursuant to N.J.S.A.18A:40-12.3 or a nebulizer must have an asthma treatment plan prepared by the pupil's physician which shall identify, at a minimum, asthma triggers, the treatment plan and other such elements as required by the Department of Education.

All pupil medications shall be appropriately maintained and secured by the school nurse, except those medications to be self-administered by pupils. In those instances the medication may be retained by the pupil with the prior knowledge of the school nurse. The school nurse may provide the Principal and other teaching staff members concerned with the pupil's educational progress with such information about the medication and its administration as may be in the pupil's best educational interests. The school nurse may report to the school physician any pupil who appears to be affected adversely by the administration of medication and may recommend to the Principal the pupil's exclusion pursuant to law.

The school nurse shall document each instance of the administration of medication to a pupil. Pupils self-administering medication shall report each incident to a teacher, coach or other individual designated by the school district to be in charge of the pupil during school activities. Such individuals shall report such incidents to the school nurse within twenty-four hours of the self-administration of medication. The school nurse shall preserve records and documentation regarding the self-administration of medication in the pupil's health file.