



BORDENTOWN REGIONAL SCHOOL DISTRICT
School Health Services

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Epinephrine Auto Injection Administration Order

Student's Name: _____ Date: Begin: _____ End: _____

To be completed by Private Health Care Provider:

Specific Allergen(s): _____

Reaction to allergen occurs if, (please circle all that apply):

Contact Inhalation Ingestion All of the above Other _____

I certify that this student has experienced Anaphylaxis and requires administration of an Epinephrine Auto Injector after exposure to the specified allergen.

No known Anaphylactic reaction-please explain reason Epinephrine is ordered. _____

Self Administration (requires Physician, School Nurse, and Parent/Guardian Signature below):

I verify that _____ has been adequately trained and is capable of self-administering the medication listed below in a life threatening situation.

Student not capable of self administering

Physician's Signature: _____

School Nurse's Signature: _____

Parent Signature: _____

Name and dosage of Epinephrine Medication (Auto injector)

For over 66 lbs. (0.3mg) _____

For under 66 lbs. (0.15mg) _____

Side Effects: _____

Lunchroom Accommodations - Please check appropriate intervention:

No special seating Seated at a separate table. Unable to eat in lunchroom

*Antihistamine: Give -> _____ check one: give antihistamine first and monitor symptoms
give simultaneously with Epinephrine.

According to NJ state law, when nurse is not physically present -> trained designee will give Epinephrine only. Any antihistamine order will be disregarded.

Physician's Signature _____ Date: _____ Office Stamp: _____

To be completed by Parent/Guardian:

Delegation: (initial)

_____ If the nurse is unavailable, a **delegate is permitted** to administer Epinephrine.

_____ If the nurse is unavailable, a **delegate is not permitted** to administer Epinephrine.

The following individual(s) have been trained to administer epinephrine auto-injector:

I acknowledge that the Bordentown Regional School District and its employees or agents shall incur no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to my child. I indemnify and hold harmless the Bordentown Regional School District and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to my child.

Parent/guardian Signature _____

Date _____