

Hopewell Valley Regional School District

Division of Pupil Services

425 South Main Street

Pennington, NJ 08534

EMERGENCY TREATMENT OF AN ALLERGIC REACTION

Student's name: \_\_\_\_\_

Teacher: \_\_\_\_\_

My child has a potentially life-threatening illness and our healthcare provider has prescribed medication for the emergency treatment of an allergic reaction. I understand I am responsible for providing the school with a current single dose epinephrine auto-injector and, if ordered, an antihistamine in a single dose unit in a pharmacy-labeled container as prescribed by our healthcare provider. The epinephrine and antihistamine must be brought to the school nurse by an adult.

Select ONE to sign and date:

(A) I verify that my child, \_\_\_\_\_, has a potentially life-threatening illness and **has been instructed in and is capable of self-administration** of the prescribed medication in a life-threatening situation. I **hereby give permission for my child to self-administer the prescribed medication.** I further acknowledge that the Hopewell Valley Regional School District shall incur no liability as a result of any injury arising from the self-administration of prescribed medication by my child. If procedures specified by New Jersey law and Hopewell Valley Regional School District policy are followed, I shall indemnify and hold harmless the Hopewell Valley Regional School District and its employees or agents against any claims arising out of the self-administration of prescribed medication by my child.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

(B) I verify that my child, \_\_\_\_\_, has a potentially life-threatening illness and **is not capable of self-administration of the prescribed medication in a life-threatening situation.** I hereby require the school nurse or designee to administer the prescribed medication to my child. I further acknowledge that the Hopewell Valley Regional School District shall incur no liability as a result of any injury arising from the administration of prescribed medication to my child. If procedures specified by New Jersey law and Hopewell Valley Regional School District policy are followed, I shall indemnify and hold harmless the Hopewell Valley Regional School District and its employees or agents against any claims arising out of the administration of prescribed medication to my child.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**Please sign:**

I understand that under New Jersey State law, a trained designee will be assigned to administer epinephrine to my child in the absence of a school nurse. Antihistamines may not be given by a designee. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained designee. I understand my child would then be transported to the nearest emergency room.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date