



Department of Special Services

PARENT AUTHORIZATION FOR THE EMERGENCY ADMINISTRATION OF EPINEPHRINE

I authorize the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine be given to my child _____ attending _____ school by the school nurse or by the person delegated by school nurse when the school nurse is not available if my child is experiencing anaphylaxis and does not have the capability for self administration of the medication.

I understand that if the procedures in N.J.S.A. 18A: 40-12.5 and 12.6 and the procedures specified in the "Protocol and Implementation for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse" are followed, Millburn Townships Public Schools shall have no liability as a result of any injury arising from the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to the pupil and that the parents or guardians shall indemnify and hold harmless Millburn Township Public School and its employees or agents against any claims arising out of the administration of a pre-filled single dose auto-injector mechanism containing epinephrine to the pupil.

This authorization is effective for the school year beginning _____ and ending _____.

(Signature of Parent/Guardian)

(Date)



Department of Special Services

PHYSICIAN AUTHORIZATION FOR THE EMERGENCY ADMINISTRATION OF EPINEPHRINE

I authorize the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine be given to _____ (child's name) attending _____ School by the school nurse or by her delegate when the school nurse is not available if the child is experiencing anaphylaxis and does not have the capability for self-administration of the medication.

Please complete the following information:

List allergens which may trigger an anaphylactic episode.

Please circle symptoms which would require emergency administration of epinephrine:

- Shortness of breath or any trouble breathing
Swelling of the throat or tongue
Diffuse hives or widespread itching
Wheezing or coughing
Abdominal symptoms - nausea, vomiting, cramps
Loss of consciousness

Please circle allergic symptoms for which emergency administration of epinephrine would not be required:

- A few hives
Mild itching

List possible side effects of epinephrine:

How soon can epinephrine be repeated if the reaction worsens or recurs?

- _____ in 5 minutes
_____ in 10 minutes
_____ in 15 minutes

Provide other pertinent medical information, including emotional or psychological, related to this child the administration of epinephrine.

This authorization is effective for the school year beginning _____ and ending _____ and must be reviewed annually.

Signature of Physician

Telephone

Date

Physician's Stamp

Date received by nurse _____