

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's, School Nurse's, and Parent's 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: _____

***Antihistamine:** Give → _____ *check one:* ____ give antihistamine first and monitor symptoms

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

____ give simultaneously with Epinephrine.

____ **Special Lunch Table Seating Required**

Physicians

Signature _____ **Date:** _____ **Office Stamp** _____

OVER →

Epinephrine Auto Injection Form continued

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 _____