Bedminster Township School

<u>AUTHORIZATION FOR ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR AT SCHOOL</u> (This is a 2 page form. Please complete both pages.)

This form must be completed by a PHYSICIAN/APN/PA and PARENT **ANNUALLY** for any student requiring Epinephrine while in school or at a school-sponsored event.

Section I: To be completed by the Physician/APN/PA:

STUDENT NAME:	DOB:	GRADE:
ALLERGY TO:		
The Student's possible symptoms of Anaphylaxis and		
orUnknown at this time but the student is at ri	sk for future anaphylaxis.	
Location of epinephrine (check all that apply):	with studentwith nurse	other
DOSAGE:	Friends and interest 22	DDN
Epinephrine: Inject IM (select one): Epinephrine auto-injector 0.3mg up to 2 doses PRN Epinephrine auto-injector 0.15mg up to 2 doses PRN		
P.L. 2007, c 57 directs that a student may be permit provided certain procedures are followed. This student has a potentially life-threateni attending a school sponsored eventThis student understands, has been instructure prescribed medication(s)This student is aware that he/she must report and any use of prescribed medication to an	ng allergy and will carry epinephrited, and is capable of the proper teart any suspected exposure to allerg	ine at all times in school or when echnique of self-administration of the
The student requires sitting at an allergen	free cafeteria table	
The student does not need to sit at an aller	rgen free cafeteria table	
Physician Signature:		Date:
Physician's Stamp:		

SECTION II- To be completed by parent/guardian:	Student	Grade
My child requires emergency administration of epinephrine epinephrine in the event of anaphylaxis.	by a pre-filled s	single- dose auto-injector mechanism containing
I consent to the following for the 2020 school	year:	
• I will assure that the medication is in its original prescript	ion container.	
• I understand that it is my responsibility to ensure that the		
• I will be responsible for noting expiration date and replace		
• For students allowed to carry and self-administer: Extra r case my child forgets to bring the prescribed medication to		be sent to school to be kept in the Health Office in
• I give permission for my child to receive medication at sc		ed by my child's physician.
• I give permission for the release and exchange of information provider concerning my child's health and medications.	ation between the	e school nurse and my child's health care
• I give permission for the school nurse to share this medicaresponsibility for my child in school or at a school sponsor		ith members of the district staff who have direct
• I understand that the district and its employees or agents s		bility as a result of any injury arising from the
administration or self-administration of medication by the p	oupil and/or staff,	, and we, the parents or guardians, indemnify and
hold harmless the school district and its employees or agent	-	_
self-administration of medication by the pupil and/or staff.		_
requirement of P.L. 2007, c 57 shall be immune from any c that section.	ivil or criminal li	lability arising from actions performed pursuant to
 I will contact the school nurse with any questions or change 	ges in my child's	s health condition
I will conduct the sensor harse with any questions of change	ges in my emia s	, ileanin condition
Parent/Guardian Signature:		Date:
Emergency contacts – Name/Relationship (List parent/		
1(H) 2(H)	(C)	(W)
2(H)	(C)	(W)
Designation of Adn		
The certified school nurse may designate, in consultation wadminister a pre-filled single dose auto-injector mechanism present at the scene. The employee(s) will be trained using Administration of Epinephrine" issued by the New Jersey activity-sports, activities, clubs & trips.	containing epine the "Training Pr	rephrine when the school nurse is not physically rotocols for the Implementation of Emergency
PLEASE CHECK ONE ANSWER:		
I give consent for a trained employee(s) of the distr	ict to administer	epinephrine in the event the school nurse is not
present at the scene. I understand that the district and its er		, , , , , , , , , , , , , , , , , , , ,
arising from the administration of a pre-filled single dose a	•	<u> </u>
indemnify and hold harmless the district and its employees		st any claims arising from the administration of a
pre-filled single dose auto-injector mechanism containing		
I do not consent for an employee to be designated a	as an epinephrine	e delegate for my child.
	elf Administratio	
I allow my child to carry and self-administer epinepI do not allow my child to carry and self-administer		
Parent/Guardian Signature:		Date:

_ Date: _____

Student Signature: