McKenzie School
Joann Saab RN, MSN, APN, CSN
Certified School Nurse
Ph – 201-531-1235 ext. 4006
Fax – 201-531-1491
Jsaab@erboe.net

East Rutherford School District
Nursing Department
East Rutherford, New Jersey 07073

A.S. Faust Middle School
Kristin Pacelli, RN
Ph – 201-804-9694
Fax – 201-804-3131
Kpacelli@erboe.net

PARENT/GUARDIAN
PERMISSION FOR ADMINISTRATION OF EPINEPHRINE (EPI-PEN)
BY UNLICENSED SCHOOL PERSONNEL IN THE ABSENCE OF THE SCHOOL NURSE

Student's Name: _____DOB: _____

Address: _____Grade: _____

Parent/Guardian Name: _____

Home Phone: _____ Other Phone(s):_____

If Parent/Guardian is unavailable in emergency, contact:
Name: _____
Phone(s):_____ Relationship:_____

My son/daughter has the following allergy(s) which may require treatment
with epinephrine (Epi-pen), according to my child's physician:

_____

****

CONSENT FOR TREATMENT

I give permission to allow the administration of epinephrine by auto-injection (Epi-pen) by
the school nurse or, in the absence of the school nurse, by an unlicensed member of the school staff who has been trained and delegated by the school nurse to my son/daughter, in the event of an emergency. I also allow the school nurse to share with appropriate school personnel information relative to this medication administration plan.

_____ _____

Signature of Parent/Guardian Date