Tabernacle School District
Parent Form for Allergy Emergency Treatment

Student Name_______________________________        Grade/HR______________________

Parents/Guardians

A current single dose Epinepherine auto-injector must be provided to the school for your child’s use. Two single doses must be provided to the nurse if your healthcare provider has ordered a repeat dose to be given. All antihistamines and epinepherine must be brought to school by an adult and be provided in the original container.

Checklist for parent use: Please initial those that apply to your student

☐ I have supplied the school nurse with completed and signed medication orders.________(initial)

☐ One spare Epinephrine auto-injector device with valid expiration date was supplied to the school nurse for inclusion in the emergency kit for delegate to administer as needed.___________(initial)

☐ I have informed my child’s bus driver________(initial)

☐ When my child is in a club, staying after school, on a field trip, involved in sports or other activity outside of the building, I will inform the person in charge of that activity/event of my child’s allergy. ________(initial)

Additional for students with Self administer orders:

☐ Epinephrine auto-injector was supplied to my child with a valid expiration date
  Expiration: date_____/_____/____   ___________(initial)

☐ I have reminded my child to keep one dose of epinephrine with him/her at all times.___________(initial)

☐ I have reminded my child to keep one dose of antihistamine with him/her at all times. or ☐ Antihistamine is not prescribed._______ (initial)

**PLEASE NOTE: The School Nurse by law may administer any medication with medical provider’s orders and parental consent, but trained non-medical designees, who may give emergency treatment in the School Nurse’s absence, are NOT permitted by law to administer any medications other than epinephrine via auto-injector mechanism.

**PLEASE COMPLETE BOTH SIDES OF FORM!!
Select one to sign and date.

1. I verify that my child ______________________ has a potentially life threatening illness and has been instructed in self-administration of the prescribed medication in a life threatening situation. I hereby give permission for my child to self administer prescribed medication. I further acknowledge that the Tabernacle Township School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and Tabernacle School District policy are followed, I shall indemnify and hold harmless the Tabernacle School District and it’s employees or agents against any claims arising out of self administration of medication by my child.

___________________________________  ___________________
Signature of Parent/Guardian                         Date

2. I verify that my child _______________________ has a potentially life threatening illness and is unable to self-administer the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the Tabernacle Township School District shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by NJ law and Tabernacle School District Policy are followed, I shall indemnify and hold harmless the Tabernacle School District and it’s employees or agents against any claims arising out of administration of medication to my child.

___________________________________  ___________________
Signature of Parent/Guardian                         Date

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT:
N.J.S.A. 18A:40-12.6 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene.

A Delegate may give one dose of auto-injector epinephrine.
After giving epinephrine, call 911, parent, and healthcare provider.

Please sign
I understand that under NJ state law, a trained delegate will be assigned to administer epinephrine to my child in the absence of a school nurse.
Antihistamines may not be given by a delegate. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate.

_________________________    ________________
Parent Signature        Date

SCHOOL USE ONLY

_________________________    ________________
Signature of Principal    Date               Signature of School Nurse    Date