

Tabernacle School District

Parent Form for Allergy Emergency Treatment

Student Name _____

Grade/HR _____

Parents/Guardians

A current single dose Epinephrine 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 epinephrine 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