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ADMINISTRATION OF EPI-PEN (EPINEPHRINE) AT SCHOOL

Dear Parent /Guardian:

New Jersey P.L. 2007, c57. And N.J.S.A. 18A:40-12.3-12.6 allows trained delegates for students who may require emergency administration of epinephrine by auto-injector for anaphylaxis when the school nurse is unavailable. The 2 attached forms are required for your child to receive epinephrine by auto-injector.

The first form gives the school district permission to allow for the school nurse and trained employees of the school district to administer epinephrine via auto-injector when the school nurse is not physically present at the scene. It is in your child's best interest to at least have this form completed and returned to school as soon as possible.

The second form allows your child to carry and self-administer epinephrine by auto-injector and diphenhydramine. Please understand that this request may not be appropriate for your child. I urge you to discuss this with your medical provider and return this form if appropriate.

If you have any questions regarding these forms please do not hesitate to contact the School Nurse.

Sincerely,

Ronald M Frank, MD FAAFP
School Medical Inspector

**SCHOOL NURSE AND DELEGATE
ADMINISTRATION OF EPINEPHRINE AT SCHOOL**

Student Name: _____

{CHILD'S PHOTO}

School Year: _____

**RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY
AND MUST BE RENEWED ANNUALLY**

I. Parental/Guardian Consent for School Nurse and Delegate Administration:

I hereby acknowledge my understanding that if the procedures outlines in P.L. 2007, c.57 and "TRAINING PROTOCOLS FOR THE EMERGENCY ADMINISTRATION OF EPINEPHRINE " issued by the NJ Department of Education are followed, the school district and its employees or agents shall incur no liability as a result of any injury arising from the administration of a pre-filled single dose auto injector containing epinephrine and the parent/guardian shall indemnify and hold harmless the school district and its employees or agents against any claims arising from the administration of a pre-filled single dose auto injector containing epinephrine to the student.

The school nurse shall have primary responsibility for administration of the auto-injectable epinephrine. The school nurse shall designate, in consultation with the Board of Education, additional employees of the school district to administer epinephrine via auto-injector to my child for anaphylaxis or possible anaphylaxis when the school nurse is not physically presents at the scene, as specified in P.L. 2007, c.57.

____ I approve having delegate(s) assigned for my child. I understand that a list of my student's delegates is available for review in the nurse's office.

____ I refuse to have a delegate for my child.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

II. Healthcare Provider's Order:

The above student has a potentially life threatening allergy that could result in anaphylaxis. This student requires the administration of epinephrine by pre-filled single-dose auto-injector and (Diphenhydramine if ordered) in the event of anaphylaxis or possible anaphylaxis.

The Student's potential triggers of Anaphylaxis are: _____

The Student is an Asthmatic _____ Yes _____ No

The Student's possible symptoms of Anaphylaxis are: _____

Or _____ possible symptoms are unknown at this time but student is at risk for future anaphylaxis.

Please administer _____ EpiPen® 0.3mg _____ EpiPenJr® 0.15mg

_____ If medically necessary administer a second dose of epinephrine

If the school nurse is available administer: Oral Diphenhydramine Dose: _____

Physician's Name

Physician's Signature

Date

Physician's Office Stamp:

STUDENT AUTHORIZATION FOR SELF ADMINISTRATION OF EPINEPHRINE AUTOINJECTOR AND ANTIHISTAMINE

N.J.S.A. Title 18A:40-12.3 directs that students may be permitted to self administer medications for asthma or other potentially life-threatening illnesses provided proper procedures are followed.

RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY

The following section is to be completed by the PARENT/GUARDIAN:

Student's Name

Grade

I request that my child be ALLOWED to carry the prescribed medication for self-administration in school and on off-site school related activities pursuant to N.J.A.C.:6A:16-2.3. I give permission for my child to self-administer medication, as prescribed on this form for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.

Parent/Guardian Signature

Telephone

Date

The following section is to be completed by the MEDICAL PROVIDER:

The above student has a potentially life threatening allergy that could result in anaphylaxis. This pupil requires the administration of epinephrine by pre-filled single-dose auto-injector and (Diphenhydramine if ordered) in the event of anaphylaxis or possible anaphylaxis.

Name of medication:

_____ EpiPen® 0.3mg _____ EpiPenJr® 0.15mg
_____ If medically necessary administer a second dose of epinephrine

_____ Diphenhydramine Oral Dose: _____ x 1 time.

I verify that the child above requires this medication and

- a. This student has been instructed in and is capable of proper method of self-administration of the medication prescribed above.
- b. This student understands the purpose, appropriate method and frequency of use of the medication prescribed above.
- c. The student's medication, if ingested by someone other than the student will not cause severe illness or death.

Physician's Name

Physician's Signature

Date

Physician's Office Stamp:

Approved By School Nurse: _____

Signature

Date

Approved By School MD: _____

Signature

Date