

PARENT: 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 the prescribed medication. If your child is unable to self-administer at the time of reaction, the nurse, or a delegate will administer the medication. I understand that under NJ state law a trained delegate will be assigned to administer epinephrine to my child in the absence of the school nurse. Under law, a delegate may not give antihistamines. In the absence of the school nurse, any antihistamine order will be disregarded and the trained delegate will administer epinephrine.

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 that the school nurse or delegate administer the prescribed medication. I understand that under NJ state law a trained delegate will be assigned to administer epinephrine to my child in the absence of the school nurse. Under law, a delegate may not give antihistamines. In the absence of the school nurse, any antihistamine order will be disregarded and the trained delegate will administer epinephrine.

Signature of Parent/Guardian

Date

Checklist for parent use:

I have supplied the school nurse with a completed and signed emergency care plan for allergic reaction including a photo of my child.

Epinephrine auto-injector was supplied to my child or the classroom with a valid expiration date. Expiration date ___/___/____. In middle school the student will carry the epi-pen with him, and in lower school, the teacher, parent, student and nurse will decide who is responsible for carrying the epi-pen.

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

I have informed my child's bus driver if he rides the bus.

I have reminded my child to keep one dose of epinephrine with him at all times.

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

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

The school has been provided with up-to-date emergency contact information.