

**FRANKLIN TOWNSHIP PUBLIC SCHOOLS**  
**AUTHORIZATION FOR ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR AT SCHOOL**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

**I. Parent/Guardian Consent for Delegate Administration of Epinephrine Auto Injector:**

I hereby acknowledge my understanding of the procedures outlined in P.L. 2007, c.57 and "TRAINING PROTOCOLS FOR THE EMERGENCY ADMINISTRATION OF EPINEPHRINE", issued by the NJ Department of Education. I acknowledge that, if followed, the school district and its employees, or agents, shall incur no liability and that I (the parent or legal guardian) shall indemnify and hold harmless the school district, employees, or agents as a result of an injury arising from the administration of a pre-filled, single-dose auto-injector containing epinephrine. The school nurse shall designate, in consultation with the Board of Education, 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 present at the scene, as specified in P.L.2007, c.57.

\_\_\_\_\_ I approve having a delegate(s) assigned to my child.

\_\_\_\_\_ I decline delegate administration of epinephrine for my child.

**II. Parent/Guardian Consent for Student Self-Administration of Epinephrine Auto Injector:**

\_\_\_\_\_ 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.S.A.: 18A:40-12.3-12.6. 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, employees, and its agents 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 employees, and agents against any claims arising out of self-administration or lack of self-administration by the student.

\_\_\_\_\_ My child is NOT allowed to carry and self-administer epinephrine auto-injector.

Parent/Guardian Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Healthcare Provider's Order (please check all applicable lines):**

The above student has a potentially life-threatening allergy that could result in anaphylaxis.

The student's potential triggers of anaphylaxis are:

\_\_\_\_\_ The student is an **asthmatic** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

In case of possible anaphylaxis, administer:

\_\_\_\_\_ Epinephrine auto-injector 0.3 mg up to 2 doses, as needed.

\_\_\_\_\_ Epinephrine auto-injector 0.15 mg up to 2 doses, as needed.

\_\_\_\_\_ School nurse may administer a single dose of oral diphenhydramine: \_\_\_\_\_ mg.

\_\_\_\_\_ Student may self-administer epinephrine auto-injector as prescribed above. This student has been instructed in, and is capable of, the proper method of self-administration of the epinephrine auto-injector. This student understands the purpose, appropriate method, and frequency of use of the medication prescribed above.

\_\_\_\_\_ This student is **NOT** approved to self-medicate with an epinephrine auto-injector

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Office Stamp: