

# Clementon School District

CLEMENTON BOARD OF EDUCATION  
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CLEMENTON ELEMENTARY SCHOOL  
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## **PERMISSION TO ADMINSTER Epinephrine at School**

The Clementon School District requires that students with a history of anaphylaxis present the following:

1. A written order for epinephrine including the dosage.
2. A written note from the primary care provider stating sthat the child has a documented history of anaphylaxis , which requited epinephrine. The note must state that the child does not have the capability to self-administer the epinephrine.
3. A written consent form signed by the parent/guardian.
4. The epi-pen must be in the original container provided by the pharmacy with proper labeling from the pharmacy and be brought to the school by an adult.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Epinephrine Dosage \_\_\_\_\_

For use with these symptoms: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PERMISSION TO DELEGATE and/or ADMINISTER EPINEPHRINE**

I give permission for the school nurse to delegate the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine.

I agree to the delegated person chosen by the school nurse.

I understand the school nurse using the standardized training protocols will train the delegate in the administration of the Epi-pen . The delegate will be trained individually for the designated student.

I give my permission for my child to receive Epinephrine as ordered by the primary care physician as prescribed. I hereby give my authorization and consent to trained school personnel to give prompt treatment, as specified by my doctor , to my child. I shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the Epi-pen to the student.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_