

Green Brook Family Medicine

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EMERGENCY ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR AT SCHOOL

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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 attached form is required for your child to receive epinephrine by auto-injector.

This form gives the school district permission to allow for the school nurse and trained employees (delegates) 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 student's best interest to allow your student to have at least one trained delegate at the school.**

In addition the second part of this form allows your child to carry and self-administer epinephrine by auto-injector and diphenhydramine. I urge you to discuss this with your medical provider. **We strongly encourage all middle and high school students to be trained to carry and self-administer epinephrine by auto-injector and diphenhydramine.** Please note that this may not be appropriate for students in elementary grade levels.

Please return the form and two Epinephrine auto-injector 0.3mg or two Epinephrine auto-injector 0.15mg to the School Nurse as soon as possible. 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

AUTHORIZATION FOR ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR AT SCHOOL

Student Name: _____ DOB: _____ Grade: _____
Emergency Contacts: (Name and Phone#'s): _____

I. Parental/Guardian Consent for Delegate Administration of Epinephrine Auto Injector

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 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 decline delegate administration of epinephrine for my child.

Parent/Guardian Name Signature Date

II. Parental/Guardian Consent for Student Self Administration of Epinephrine Auto Injector and Antihistamine:

____ 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, 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.

____ I do not allow my child to carry and self-administer epinephrine auto- injector and antihistamine

Parent/Guardian Name Signature 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 and

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.

In case of possible anaphylaxis administer: (Please DO NOT prescribe TwinJet® products for school use)

____ Epinephrine auto-injector 0.3mg up to 2 doses as needed

____ Epinephrine auto-injector 0.15mg up to 2 doses as needed

*Please note our school standing orders allows a nurse to administer an equivalent dose of epinephrine via ampule and syringe

____ School nurse may administer a single oral dose of Diphenhydramine: _____ mg

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

____ Student may self-administer a single oral dose of Diphenhydramine: _____ mg

____ This student is **not** approved to self-medicate with an epinephrine auto-injector or Oral Diphenhydramine

Physician's Name Signature Date

Physician's Office Stamp:

Approved by School Nurse (signature and date): _____

Approved by School MD (signature and date): _____