SCHOOL HEALTH SERVICES

PHYSICIANS PERMISSION FOR DELEGATING THE ADMINISTRATION OF AN EPI-PEN WHEN THE SCHOOL NURSE IS NOT PRESENT

Student's Name:_____D.O.B._____

Anaphylactic Allergy to:

- ❑ **Insect stings such as bees or wasps _____**
- ❑ **Exposure to the following allergen_____**
- ❑ **Food Allergy to_____**

This student may experience a life threatening reaction to the allergens listed above, and does not have the ability to self-administer an injection of epinephrine.
I understand that when the school nurse is not available, a trained delegate will administer the Epi-pen or Epi-pen Jr. I also understand that if the school nurse or the trained delegate is not available,
911 will be called.

If there is reasonable suspicion that the above named child has been stung or has ingested the above named allergen, or if any of the following signs of anaphylaxis develop,
I give my permission for the trained delegate to follow this protocol. Signs of an anaphylactic reaction include: itching or swelling of the lips, tongue, or mouth; itching or tightness in the throat,
hoarseness; hives, itchy rash, and swelling of the face or extremities; nausea, abdominal cramps, vomiting, diarrhea; shortness of breath, wheezing or hacking cough; thready pulse or passing out.

1. Administer immediately: _____Epi-pen (.3mg)
   ____ Epi-pen Jr. (.15mg)
2. Call 911 and parent immediately
3. Begin CPR if pulse or breathing is absent.
4. Make child as comfortable as possible until the ambulance arrives.

Physician's Signature_____Office stamp:

Epi-1

*Please note that the NJ. State Law PL 1997, C.368 allows the delegate to administer no medications except the Epi-pen or Epi-pen Jr.