BORDENTOWN REGIONAL SCHOOL DISTRICT

School Health Services

Traci Redler, RN	Erica Grilletto, RN	Linda Eaton , RN	Julianna Gallo, RN	Laura Mathews, RN
Bordentown Regional HS	Bordentown Regional MS	MacFarland IS	Peter Muschal ES	Clara Barton ES
318 Ward Avenue	50 Dunns Mill Road	87 Crosswicks St	323 Ward Avenue	100 Crosswicks St
Bordentown, NJ 08505	Bordentown, NJ 08505	Bordentown, NJ 08505	Bordentown, NJ 08505	Bordentown, NJ 08505
(609) 298-0025 x1109	(609) 298-0674 x2009	(609) 291-7192 x5110	(609) 298-2600 X 4138	(609) 298-0676 x3109

Epinephrine Auto Injection Administration Order - To be completed by physician (Epi-pen, Auvi-Q, or other epinephrine)

Student's Name: _____Date:_____ Begin:_____ End:_____

Allergy (s):_____

Reaction to allergen occurs if: _____Contact_____Inhalation_____Ingestion

____I certify that this student has experienced Anaphylaxis

____No known history of Anaphylactic reaction

____Student has known history of asthma

Epinephrine Medication _____For over 66 lbs (0.3mg) _____For under 66 lbs(0.15mg)

Antihistamine:(**Medication/dosage/route): _____**

Symptoms:	**Give checked medication as determined by Physician**:	
If an exposure to the allergen has occurred, but there are NO symptoms:	❒ Antihistamine	❒ Epinephrine
Mouth: Itching, tingling, or swelling of lips, tongue, mouth	❒ Antihistamine	❒ Epinephrine
Skin: Hives, itchy rash, swelling of face or extremities	❒ Antihistamine	❒ Epinephrine
Gut: Nausea, abdominal cramps, vomiting, diarrhea	❒ Antihistamine	❒ Epinephrine
Throat: Tightening of throat, hoarseness, hacking cough	❒ Antihistamine	❒ Epinephrine
Lung: Shortness of breath, repetitive cough, wheezing	❒ Antihistamine	❒ Epinephrine
Heart: Weak/thready pulse, low blood pressure. fainting, pallor, cyanosis.	❒ Antihistamine	❒ Epinephrine
If reaction is progressing, several of the above areas affected:	❒ Antihistamine	❒ Epinephrine
Other Symptoms/Additional instructions:	❒ Antihistamine	❒ Epinephrine

Epinephrine Auto Injection Form continued on other side --- OVER--------->

Self Administration (***requires Physician's, School Nurse's, and Parent's Signature below***)**:**

_____I verify that the student has been adequately trained and is capable of self-administering the medication listed below in a life threatening situation**.**

____ Student **NOT** capable of self administering.

Physician's Signature_____ Date:_____

Office Stamp:

Parent signature:_____School Nurse's Signature: _____

Delegation-----To be completed by Parent/Guardian (Please initial):

****According to NJ state law, if the nurse is not physically present→trained designee will give Epinephrine only. Any antihistamine order will be disregarded.****

_____If the nurse is unavailable, a delegate IS permitted to administer Epinephrine.

_____If the nurse is unavailable, a delegate is NOT permitted to administer Epinephrine.

Under New Jersey law, in order to permit the emergency administration or self-administration of medication to your child, the Bordentown Regional School District must furnish you with the following statement and obtain your signed consent to the same:

I acknowledge that the Bordentown Regional School District and its employees or agents shall incur no liability as a result of any injury arising from the administration (by the school nurse or designee, if consented to), emergency administration, or self-administration (if requested and approved), of above epinephrine via a pre-filled auto-injector mechanism to my child. I indemnify and hold harmless the Bordentown Regional School District and its employees or agents against any and all liability or claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to my child.

I understand and provide my consent that, in the event of an emergency, if the school nurse is not physically present, a trained designee will administer the epinephrine via a pre-filled auto-injector mechanism emergency medication.

Parent/guardian signature_____ Date_____

Parent/Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____