

## AUTHORIZATION FOR ADMINISTRATION OF EPINEPHRINE

The New Jersey State Law and the Lindenwold Board of Education, require a physician's written order and parent/guardian authorization for a nurse to administer epinephrine. This medication must be in a pharmacy prepared container and labeled with the name of the child, the physician's name and date:

<b>Physician's Order:</b>
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Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The above named child is under my care for \_\_\_\_\_

History of anaphylaxis is:      Actual \_\_\_\_\_      Potential \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

Signs of Allergic Reaction:

- |   |   |
|---|---|
| <input type="checkbox"/> Mouth (Itching, swelling of oral area)           | <input type="checkbox"/> Throat (Tightness, cough, hoarseness)            |
| <input type="checkbox"/> Skin (Hives, rash, swelling of face/extremities) | <input type="checkbox"/> GI (Nausea, vomiting, abdominal cramps/diarrhea) |
| <input type="checkbox"/> Lungs (Shortness of breath, cough/wheeze)        | <input type="checkbox"/> Heart (Rapid, thready pulse)                     |

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
To be given for: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
To be given for: \_\_\_\_\_

This child has been trained and is able to self-administer the prefilled auto injector mechanism of epinephrine.  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the child is unable to self-administer the epinephrine, the certified school nurse will administer the epinephrine. If, for any reason, the certified school nurse is unable to administer the epinephrine, a predetermined delegate trained by the school nurse will administer the epinephrine. If, for any reason, the predetermined delegate is unable to administer the epinephrine, 9-1-1 will be called to support the child. *Antihistamines cannot be given by the delegate. If the school nurse is not available, the delegate will administer epinephrine only and call 9-1-1.*

I understand that after the administration of epinephrine in the school setting, the student will be immediately transported to the nearest hospital facility for further evaluation and possible treatment by an attending physician and the physician listed below will be called.

Print Health Care Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE