

PHYSICIAN'S PERMISSION FOR DELEGATING THE ADMINISTRATION OF
EPINEPHRINE 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 _____

I certify that this student has experienced an anaphylactic reaction in the past and may experience a life-threatening reaction to the allergens listed above, and does not or may 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 Auvi-Q, 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 (.3 mg) _____ Auvi-Q (.3 mg)
_____ Epi-Pen Jr. (.15 mg)
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:

***Please note that the NJ State Law PL 1997, C.368 allows the delegate to administer no medications except the epinephrine.**