

Student's name _____ birth date _____ Grade _____

IV. Parent authorization for emergency allergy treatment

My child is allergic to _____

My child has experienced the following symptoms/reaction in the past (include dates)

A. Parent authorization for medication administration

I hereby give permission for my child to receive medication at school as prescribed above. I also give permission for the release and exchange of information between the school nurses and my child's health care provider concerning my child's health and medication. In addition, I understand that this information will be shared with school staff on a need to know basis.

Parent signature _____ Date _____

B. Parent authorization for self-administration by student

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 self-administration of medication. I shall indemnify and hold harmless the Evesham Township School District, its employees and agents against any claims that arise out of self medication. I understand that the physician must certify my child's illness and ability to self medicate on an annual basis . I must also provide permission on an annual basis for my child to self medicate.
My child has been instructed that he/she must carry the medication in such a manner that the medication will not be available to other students. My child will report each incidence of self medication and an side effect immediately to the teacher, coach, or person in charge.

Parent signature _____ Date _____
(over)

C. Parent authorization for the administration of epinephrine by trained delegates.

I give my permission for the school nurse to train (name of delegate) _____

to administer to my child, _____, a pre-filled single dose auto-injector mechanism containing epinephrine when the school nurse is not available.

I give permission for (name of delegate) _____

to administer to my child a pre-filled single-dose auto-injector mechanism containing epinephrine when the school nurse is not available.

I will provide the school with a current epinephrine device, and I will replace it when it has expired.

I understand and acknowledge that if the procedures specified in the N.J.S.A. 18A 40-12.5 and in the “Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse are followed, The Evesham Township School District shall have no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine to my child. I indemnify and hold harmless the District and its employees or agents against any claims arising outof the administration of said epinephrine to my child.

I understand that this permission will be valid for the current school year, and must be renewed for subsequent school years.

I will give the school nurse advance notice whenever my child intends to participate in an after school activity or field trip, so planning can be made for a delegate to accompany my child. I understand that I will be notified if a nurse or delegate is not available to accompany my child so other arrangements may be made.

Parent signature _____ Date _____