

These orders remain in effect during the school day, school sponsored activities, and school sponsored overnight trips.

<b>CHEROKEE</b> 856-983-5140 Fax: 856-810-4379 (grades 9 & 10) Fax: 856-810-4378 (grades 11 & 12)	<b>LENAPE</b> 609-654-5111 Fax: 609-714-7808	<b>SENECA</b> 609-268-4600 Fax: 609-268-4389	<b>SEQUOIA</b> 609-268-3700 Fax: 609-268-3726	<b>SHAWNEE</b> 609-654-7544 Fax: 609-714-3009
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**PHYSICIAN'S AUTHORIZATION FOR SELF-ADMINISTRATION OF EPINEPHRINE BY PUPIL**

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

The above individual is a pupil in your school district and is under my medical care for a potentially life-threatening allergy. Allergens include: \_\_\_\_\_

Previous episode of anaphylaxis? YES NO (Please circle.)

Symptoms \_\_\_\_\_

Legislation allows the parents/guardians of a pupil who has a life-threatening allergy to authorize self-administration of medication by the pupil so long as the pupil's physician certifies to the school district that the pupil has been instructed in, and is capable of the proper self-administration of medication.

The student \_\_\_\_\_ has been instructed in, and is capable of self-administration of the medication Benadryl, \_\_\_\_\_ mg by mouth and/or epinephrine via auto-injector for the treatment of \_\_\_\_\_ allergy for the school year.

In the absence of a school nurse, a trained delegate will administer epinephrine via auto-injector.

In the event that the medication that I have prescribed is changed in the future, or if the student is not capable of self-administration of the prescribed medication, I will notify the school district.

PHYSICIAN'S PRINTED NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**PARENT'S CONSENT FOR SELF-ADMINISTRATION OF EPINEPHRINE BY STUDENT**

I/We are aware that legislation allows students to self-administer medication in the treatment of life-threatening allergies as long as the physician certifies that the student has been instructed in, and is capable of self-administering the prescribed medicine.

I/We acknowledge that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and we agree to indemnify and hold harmless the school district and its employees or agents against any claims arising out of the self-administration of medication by the pupil.

I/We authorize the student \_\_\_\_\_ to self-administer Benadryl by mouth and/or epinephrine via auto-injector for the treatment of his/her allergic reaction for the school year.

I/We understand that in the absence of a school nurse, a trained delegate will administer epinephrine via auto-injector. Neither the school nurse nor the delegate shall incur any liability as a result of any injury arising from administration of medication to the student. I/We give permission for relevant health information to be shared with teachers/staff/delegate.

PARENT/GUARDIAN'S PRINTED NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_