Califon Public School
INSTRUCTIONS FOR STUDENT WITH A FOOD/STING ALLERGY
SCHOOL YEAR_____

_____ _____
Students Name DOB

TO BE COMPLETED BY PHYSICIAN

HISTORY

Allergic to: _____
Previous reaction date: _____
Symptoms: _____
_____

Is this a significant allergic reaction? _____yes _____no
Does this student wear a medical alert bracelet or necklace? _____yes _____no
Does student require seating at an allergen free lunch table? _____yes _____no

1. TREATMENT (When nurse is present)

First medication: _____ Dose:_____ Route:_____
To be given: _____immediately after exposure.
_____when the following symptoms are present: _____
_____
_____other. Explain_____

Second medication: _____Dose:_____ Route:_____
Indications and time to be given after first medication: _____
_____

2, Treatment (By delegate when no nurse is present) – NJ State Assembly Act Senate No. 79 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a pupil for anaphylaxis when the nurse is not physically present at the scene.

**For suspected exposure to allergens(s) listed above, delegates are to immediately administer Epinephrine (circle one):

EpiPen Epipen Jr.

By immediately calling 911, students with a known significant allergic reaction will be transported immediately after allergen exposure to the hospital room by ambulance. Parent/Guardian will then be contacted.

_____ _____
Physician Signature/ Date Physician Stamp

I hereby give permission for my child to receive medications at school as prescribed above. I give consent for the administration of epinephrine via a pre-filled auto-injector mechanism by the district delegates/designees trained by the certified school nurse to administer epinephrine in the event the school nurse is not present at the scene. I understand that the district and its employees shall have no liability as a result of any injury arising from the administration of epinephrine to my child and that the parents/guardians shall indemnify and hold harmless the district and it employees or agents against any claims arising out of the administration of epinephrine to al student via a pre-filled auto injector mechanism.

_____ _____
Parent/Guardian Signature Date