

ALLERGIC REACTION / MEDICATION FORM

SECTION II- To be completed by parent/guardian:

My child, _____, a student at HCRHS, has a potentially life-threatening allergy that could result in anaphylaxis. This student requires emergency administration of epinephrine by a pre-filled single-dose auto-injector mechanism containing epinephrine in the event of anaphylaxis and has my permission, in accordance with P. L. 2007, c 57, to carry and self-administer the prescribed medication.

In order to keep my child safe at school or a school sponsored event, I consent to the following for the 20____/20____ school year:

- I will assure that the medication is in its original prescription container.
- I understand that it is my responsibility to ensure that the student has the medication with them at all times.
- I will be responsible for noting expiration date and replacing expired medication.
- Extra medication will be sent to school to be kept in the Health Office in case my child forgets to bring the prescribed medication to school.
- I give permission for my child to receive medication at school as prescribed by my child's physician.
- I give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications.
- I give permission for the school nurse to share this medical information with members of the HCRHS staff who have direct responsibility for my child in school or at a school sponsored event.
- I understand that the HCRHS district and its employees or agents shall incur no liability as a result of any injury arising from the administration or self-administration of medication by the pupil and/or staff, and we, the parents or guardians, indemnify and hold harmless the HCRHS district and its employees or agents against any claims arising out of the administration or self-administration of medication by the pupil and/or staff. Any person who acts in good faith in accordance with the requirement of P.L. 2007, c 57 shall be immune from any civil or criminal liability arising from actions performed pursuant to that section.
- I will contact the school nurse with any questions or changes in my child's health condition

Parent/Guardian's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

Emergency contacts – Name/Relationship (List parent/guardians first) – Telephone numbers

1. _____ (H) _____ (C) _____ (W) _____
2. _____ (H) _____ (C) _____ (W) _____
3. _____ (H) _____ (C) _____ (W) _____

HUNTERDON CENTRAL REGIONAL HIGH SCHOOL DISTRICT

Student Name: _____ Date of Birth: _____

Designation of Administration of Epinephrine

The certified school nurse may designate, in consultation with the Building Administrator, another employee of the district to administer a pre-filled single dose auto-injector mechanism containing epinephrine when the school nurse is not physically present at the scene. The employee(s) will be trained using the “Training Protocols for the Implementation of Emergency Administration of Epinephrine” issued by the New Jersey Department of Education.

Delegates are assigned according to activity-sports, activities & trips

(PLEASE CHECK ONE ANSWER)

_____ I give consent for a trained employee(s) of HCRHS to administer epinephrine in the event the school nurse is not present at the scene. I understand that the district and its employees or agents shall incur no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine, and that I indemnify and hold harmless the District and its employees or agents against any claims arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine.

_____ I do not consent for an employee to be designated as an epinephrine delegate for my child.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____