

**Emergency Plan for use of Epinephrine in School
(To be completed by Physician)**

Student Name: _____ **Date:** _____

Birthdate: _____

Allergy trigger: _____

Preferred Hospital in case of emergency: _____

Physician Name: _____ **Phone:** _____

Student-Specific Emergency Instructions:

If you see this:

Do this:

If an emergency occurs:

1. If life-threatening, call 911
2. Adult must stay with the student
3. Call School nurse and state who, where and what is happening.

Physician's Signature

Date

Center School forms required for the Administration of Epi-pen or Asthma Inhaler

NJ state law provides that a student with a life threatening condition be allowed to carry and self-administer an Epi-pen for anaphylaxis or an inhaler for Asthma.

The self-administration of medication is permitted provided that the pupil's parent/guardian sign a written authorization and the pupil's physician certifies that the pupil has asthma or another potentially life-threatening illness and is capable and understands the proper method of self administration of his/her medication. In addition, the law requires the school to inform the parents that the Center School shall have no liability *for any injury arising from the self-administration and therefore will hold the school harmless against any claims arising out of the self-administration of medication.*

All forms must be filled out completely and signed by the child's physician.

Parent must provide the school with a current Epi-pen for anaphylaxis or an Asthma inhaler to be kept locked at school in the event the child does not have his/her medication available in an emergency.

Center School maintains the right to revoke a student's permission to self medicate if he/she has failed to comply with all conditions of this policy.

The forms must be completed each school year.