

**EVESHAM TOWNSHIP SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

DELEGATE FOR EPIPEN

To the Parent/Guardian of: _____

The school nurse has been informed by you that your child may experience anaphylaxis, a severe life-threatening allergic reaction, when exposed to _____, and requires an epinephrine injection when exposed.

Normally, this emergency medication is either self-administered by the student, or given only by the school nurse. There may be times, however, when the school nurse is not physically present to give the epinephrine and/or the student is unable to self-administer the injection. This may include field trips, after-school clubs or activities, and sports.

The parents may give written permission for the school nurse to designate and train another district employee, such as a teacher or coach, to give the injection. Parents are not required to give the permission. (N.J.S.A. 18A: 40-12.5)

Please note that this law and policy applies only to a pre-filled single dose auto-injector device containing epinephrine – commonly know as EpiPen.

This policy does not permit another employee to give Benadryl and wait to assess the allergic reaction.

If you choose to have a delegate, that person will inject the EpiPen if your child says he/she is having allergic symptoms, or is observed to be having any symptoms, and call 9-1-1 , and then call parent.

- I give permission for the school nurse to train an Evesham Township School District employee to administer an EpiPen to my child when the school nurse is not available.

- I do not want a delegate to administer an EpiPen to my child.

Parent Signature

Date

** Parent will provide an EpiPen to the school, and replace it when it has expired.
This form must be renewed each school year.