

**TEANECK PUBLIC SCHOOLS  
MEDICAL DEPARTMENT**

Dear Parent / Guardian:

The number of children having allergies is increasing each year. Children are also developing allergies as they grow, and are exposed to the environment and foods. Often allergic reactions can be sudden and severe and require immediate medical care.

We need to update every medical record as to **ANY** allergies that your child might have.

Child's name \_\_\_\_\_ Class \_\_\_\_\_

My child does not have any allergies \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

My child does not need to take medication in school \_\_\_\_\_

My child will need to take medication during school hours either routinely or as needed. Please send me a medication form to be completed by my child's physician and me and **I will return the form with the medication.** Medication is **NOT** to be brought to school by a student!

Yes \_\_\_\_\_ No \_\_\_\_\_

If your child is allergic to milk, may we substitute juice when he/she purchases their lunch?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete this form and return it to school as soon as possible.

Parents / Guardian Signature \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEANECK BOARD OF EDUCATION

MEDICAL DEPARTMENT

EPI-PEN PROTOCOL

Teaneck Board of Education policy requires the school nurse to inform all parents of students that require an Epi-pen of the following policy.

The school district has no liability as a result of any injury arising from the proper administration of a pre-filled single dose auto-injector mechanism containing epinephrine if the procedures as outlined in the policy and "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education are followed on the attached form.

I have read and agree to this policy as outlined.

\_\_\_\_\_  
Student Name

X \_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**TEANECK PUBLIC SCHOOLS  
MEDICAL DEPARTMENT  
CONSENT FOR ADMINISTRATION OF EPINEPHRINE VIA AUTO-  
INJECTOR BY A DELEGATE**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Board of education Statement**

If the procedures specified in N.J.S.A. 18A:40-12.6 are followed, and the procedures in the "Protocol and Implementation Plan for the Emergency Administration of epinephrine by a Delegate Trained by the School Nurse" are followed, Teaneck School District or \_\_\_\_\_ School shall have no liability as a result of any injury arising from the administration of an epinephrine auto-injector to the student.

The parent/guardian shall indemnify and hold harmless the district or school and its employees against any claims arising out of the administration of the epinephrine auto-injector to the student.

It is the parent/guardian's responsibility to provide a current epinephrine auto-injector. Permission and physician's order are effective only for the school year for which they are granted and must be renewed each subsequent school year.

Reviewed with parent/guardian by \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Statement:**

1. In the event of a potentially life-threatening allergic reaction, as described in the Attached physician's order, I authorize the emergency administration of epinephrine via auto-injector to my child \_\_\_\_\_ by the school nurse or by the delegate \_\_\_\_\_, who is properly trained according to the Protocol and Implementation Plan.
2. I understand that if the procedures specified in the "Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the school Nurse" are followed, Teaneck Public School district, as well as its employees, shall have no liability as a result of any injury arising from the administration of the epinephrine auto-injector to my child.
3. I indemnify and hold harmless Teaneck School District, as well as its employees and agents, against any claims arising out of the administration of an epinephrine auto-injector to my child.
4. I will provide a current epinephrine auto-injector to the school and will replace it with a new one at least 2 weeks before it expires.
5. I understand my permission is granted only for this \_\_\_\_\_ school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relation to Student \_\_\_\_\_

1. The designee(s) must be properly trained by the school nurse in the administration of epinephrine via a pre-filled single dose auto-injector mechanism using the standardized training protocol designated by the State Department of Education. Each designee shall receive individual training for each pupil for whom he/she is designated. The delegate must be trained in the "one-client-one task" principle, i.e., the task is not transferable to any other student, staff or situation.
2. Parent(s) or legal guardian(s) must consent in writing to the administration of epinephrine by the designated individual.
3. The parent(s) or legal guardian(s) must be informed in writing by the school nurse that the school district has no liability as a result of any injury arising from the proper administration of a pre-filled single dose auto-injector mechanism containing epinephrine if the procedures as outlined in this policy and "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education are followed.
4. Parents or legal guardians shall provide the Board with written orders from the physician and/or advanced practice nurse that the pupil requires the administration of epinephrine for anaphylaxis and does not have the capability of self-administration of the medication;
5. Parents or legal guardians shall provide the Board with written permission for the administration of epinephrine via a pre-filled single dose auto-injector mechanism by the school nurse or designee(s).
6. Parents or legal guardians shall provide the Board with a signed statement acknowledging their understanding that if the procedures specified in N.J.S.A. 18A:40-12.5 are followed, the Board, its members, its employees and/or its agents shall have no liability as a result of any injury arising from the administration of epinephrine via a pre-filled single dose auto-injector mechanism by the school nurse or designee(s) to the pupil; and that the parents or legal guardians shall indemnify and hold harmless the Board, its members, its employees and/or its agents against any claims arising out of the administration of epinephrine via a pre-filled single dose auto-injector mechanism to the student.
7. Permission and consent shall be effective on the school year for which it is granted only. The conditions cited in subsection 1 to 6 above must be fulfilled in order for the permission to be renewed.

TEANECK SCHOOL DISTRICT  
PHYSICIAN'S ORDERS FOR ALLERGY EMERGENCY TREATMENT

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

The above student is allergic to: \_\_\_\_\_



Ingestion



Contact



Inhalation

Previous episode of anaphylaxis

☐ Yes☐ No

Asthmatic

☐ Yes☐ No**MEDICATIONS**

ANTIHISTAMINE: Medication \_\_\_\_\_ Dose \_\_\_\_\_

Give antihistamine for the following checked symptoms:

- ☐ Contact with allergen, with or without symptoms  
☐ Skin – hives, itchy rash, extremity swelling  
☐ Lips – itching, tingling, burning, or swelling of lips  
☐ Other \_\_\_\_\_

EPINEPHRINE: Medication \_\_\_\_\_ Dose \_\_\_\_\_

Give epinephrine for the following checked symptoms:

- ☐ Contact with allergen, with or without symptoms  
☐ Skin – hives, itchy rash, extremity swelling  
☐ Lips – itching, tingling, burning, or swelling of lips  
☐ Head/neck – swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat  
☐ Gut – abdominal cramps, nausea, vomiting, diarrhea  
☐ Lungs – repetitive cough, wheezing, shortness of breath  
☐ Heart – thready pulse, low blood pressure, fainting, pale or bluish skin  
☐ Other \_\_\_\_\_

**AFTER GIVING EPINEPHRINE, 911 AND THE PARENT/GUARDIAN WILL BE CALLED.**

OTHER INSTRUCTIONS \_\_\_\_\_

Note: NJ State Law ( P.L.2007, CHAPTER 57) requires every student with an EpiPen order to have a delegate assigned to him/her unless the HCP and/or parent/guardian feel(s) that it is not indicated. Please indicate your preference:



Delegate required



Delegate NOT required

**\*\*\*PLEASE NOTE: DELEGATES ARE NOT PERMITTED TO ADMINISTER AN ANTIHISTAMINE.\*\*\***If the nurse is not available, do you want the antihistamine order to be omitted and have the delegate administer epinephrine as indicated above? ☒ YES ☐ NO

This student has been trained and is authorized to self-administer and carry the following medication(s).

☐ epinephrine – single dose unit ☐ antihistamine – single dose unit☐ This student is not authorized to self-administer the medication(s) named above.

Physician's Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Date \_\_\_\_\_

Physician's Stamp \_\_\_\_\_

Parents/Guardian

This permission is for emergency treatment for one school year only. Should permission be necessary in the future, a new form will need to be submitted.

A current single dose Epinephrine auto-injector must be provided to the school for your child's use. All antihistamines and epinephrine must be brought to school by an adult and be provided in the original container.

Select one to sign and date

- X 1. I verify that my child \_\_\_\_\_ has a potentially life threatening illness and has been instructed in self-administration of the prescribed medication in a life threatening situation. I hereby give permission for my child to self-administer prescribed medication. I further acknowledge that the Teaneck School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and Teaneck School District policy are followed, I shall indemnify and hold harmless the Teaneck School District and its employees or agents against any claims arising out of self administration of medication by my child.

0.e \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

- X 2. I verify that my child \_\_\_\_\_ has a potentially life threatening illness and is unable to self-administer the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the Teaneck School District shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by NJ Law and Teaneck School District Policy are followed, I shall indemnify and hold harmless the Teaneck school district and it's employees or agents against any claims arising out of administration of medication to my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please Sign

I understand that under N J Law, a trained delegate will be assigned to administer epinephrine to my child in the absence of a school nurse. Antihistamines may not be given by a delegate. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date