

**REQUIRED DOCUMENTATION  
FOR A STUDENT WITH AN EPI-PEN**

1. Physician must fill out and sign forms Epi-1 and Epi-3.
2. Parents must fill out and sign Epi-2 and Epi-3
3. If self-administering medication, parent AND physician must sign self-administration form.
4. School Nurse reviews all paperwork, completes emergency plan and signs delegate training form when training is completed.



## SCHOOL NURSE PROGRAM

Camden County Non-Public Schools

### PARENT PERMISSION FORM for DELEGATING EPI-PEN ADMINISTRATION

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

*I give permission for the school nurse or her trained delegate to administer an Epi-pen or an Epi-pen jr. to my child \_\_\_\_\_, for the treatment of anaphylaxis as identified by my child's doctor. I understand that if the school nurse is not available, a trained delegate will administer the Epi-pen. I also realize that if for some reason, neither the school nurse nor the trained delegate is available, 911 will be called.*

*I acknowledge that if the established protocols are followed, the Camden County Health Department, \_\_\_\_\_ School and its employees shall have no liability as a result of any injury arising from the administration of the Epi-pen to my child. I indemnify and hold harmless the school and its employees or agents against any claim arising out of the administration of the Epi-pen to my child.*

*I also understand that this permission is effective for this school year only, and must be renewed for each subsequent school year.*

Name of Delegate: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Epi-2*

# EMERGENCY HEALTH CARE PLAN - EPI 3

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

Allergy to \_\_\_\_\_

Trained Delegate \_\_\_\_\_

School Nurse \_\_\_\_\_

### SIGNS OF ALLERGIC REACTION INCLUDE:

Systems	Symptoms
Mouth	itching and swelling of the lips, tongue or mouth
Throat*	itching and /or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash, and/or swelling about the face or extremities
Gastrointestinal	nausea, abdominal cramps, vomiting, diarrhea
Respiratory*	shortness of breath, repetitive coughing, and/or wheezing
Cardiovascular*	'thready' pulse, passing out

Specific symptoms for this student may include: \_\_\_\_\_

*\*All above symptoms can potentially progress to a life-threatening situation.* The severity of symptoms can quickly change.

### ACTION:

- If ingestion is suspected
  - If stung by bee
  - Experienced other life threatening allergy
    - Inject: \_\_\_ Epi Pen \_\_\_ Epi-Pen Jr. \*\*
    - Call 911
    - Call: \_\_\_ Mother(\_\_\_\_\_) \_\_\_ Father(\_\_\_\_\_) or \_\_\_ emergency contact
    - Call: Dr. \_\_\_\_\_ at \_\_\_\_\_
    - Continue to monitor student for absent breathing/pulse until EMT arrives.
    - Initiate CPR if pulse and/or breathing absent
    - Offer reassurance to student, as appropriate
- \*\* Give used epi-pen to EMT

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date