

Lawrence Township Public Schools
Emergency Treatment of an Allergic Reaction
Parent/Guardian Section

Student's Name: _____ Teacher: _____

My child has a potentially life threatening illness and our healthcare provider has prescribed medication for the emergency treatment of an allergic reaction. I understand I am responsible for providing the school with a current single dose epinephrine auto-injector and if ordered, an antihistamine in a single dose unit, in a pharmacy-labeled container as prescribed by our healthcare provider. The epinephrine and antihistamine must be brought to the school nurse by an adult.

Select one to sign and date:

1. I verify that my child, _____ has a potentially life-threatening illness and **has been instructed in and is capable of self-administration** of the prescribed medication in a life-threatening situation. **I hereby give permission for my child to self-administer the prescribed medication.** I further acknowledge that the Lawrence Township School District shall incur no liability as a result of any injury arising from the self-administration of prescribed medication by my child. If procedures specified by New Jersey law and Lawrence Township Public School District policy are followed, I shall indemnify and hold harmless the Lawrence Township Public School District and it's employees or agents against any claims arising out of the self-administration of prescribed medication by my child.

Signature of Parent/Guardian

Date

2. I verify that my child, _____ has a potentially life-threatening illness and **is not capable of self-administering the prescribed medication in a life-threatening situation.** I hereby request the school nurse or designee (if applicable) to administer the prescribed medication to my child. I further acknowledge that the Lawrence Township Public School District shall incur no liability as a result of any injury arising from the administration of the prescribed medication to my child. If procedures specified by New Jersey law and Lawrence Township Public School District policy are followed, I shall indemnify and hold harmless the Lawrence Township Public School District and it's employees or agents against any claims arising out of the administration of medication to my child.

Signature of Parent/Guardian

Date

Please sign:

I understand that under New Jersey State law, a trained designee will be assigned to administer epinephrine to my child in the absence of a school nurse. Antihistamines may not be given by a designee. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained designee. I understand my child would then be transported to the nearest emergency room.

Signature of Parent/Guardian

Date