



SAINT JAMES ELEMENTARY SCHOOL

30 Peters Place, Red Bank, NJ 07701

732-741-3363

EPI-PEN ADMINISTER FORM



Student's name \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_

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

History of anaphylaxis Yes \_\_\_\_\_ No \_\_\_\_\_

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

Give antihistamine for the following checked symptoms:

- \_\_\_\_\_ Contact with allergen, but no symptoms
- \_\_\_\_\_ SKIN: hives, itchy rash, swelling
- \_\_\_\_\_ LIPS: itching, tingling, burning, or swelling
- \_\_\_\_\_ HEAD/NECK: swelling of tongue, mouth, throat, hoarseness, cough, tightening of throat
- \_\_\_\_\_ GUT: cramps, nausea, vomiting, diarrhea
- \_\_\_\_\_ LUNGS: repetitive cough, wheezing, shortness of breath
- \_\_\_\_\_ HEART: thready pulse, low blood pressure, fainting, pale or bluish skin

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

Give epinephrine for the following checked symptoms:

- \_\_\_\_\_ Contact with allergen, but no symptoms
- \_\_\_\_\_ SKIN: hives, itchy rash, swelling
- \_\_\_\_\_ LIPS: itching, tingling, burning, or swelling
- \_\_\_\_\_ HEAD/NECK: swelling of tongue, mouth, throat, hoarseness, cough, tightening of throat
- \_\_\_\_\_ GUT: cramps, nausea, vomiting, diarrhea
- \_\_\_\_\_ LUNGS: repetitive cough, wheezing, shortness of breath
- \_\_\_\_\_ HEART: thready pulse, low blood pressure, fainting, pale or bluish skin

PLEASE NOTE IN THE ABSENCE OF A SCHOOL NURSE, A TRAINED DELEGATE WILL GIVE EPINEPHRINE AND ANY ANTIHISTAMINE ORDER WILL BE DISREGARDED.

Please check off one option below and fill out reverse side of form:

\_\_\_\_\_ The above student has been trained and is capable to self-administer epinephrine

\_\_\_\_\_ The above student is **not capable** to self-administer epinephrine

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Stamp: Physician Phone Number: \_\_\_\_\_

Parents signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's phone number(s) in case of emergency \_\_\_\_\_



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Parents/Guardians:

Two epinephrine auto injector's must be provided to the school nurse for your child's use. All antihistamine, inhalers and epinephrine must be brought to school by an adult and be provided in the original container.

Select option 1 or 2 for each medication listed and sign and date:

**Option 1- SELF-CARRY AND SELF-ADMINISTER**

I verify that my child \_\_\_\_\_ has a potentially life threatening allergy and has been instructed in self-administration of the prescribed medication in a life threatening situation and therefore can carry their epinephrine auto-injector on them. I hereby give permission for my child to carry and to self-administer the prescribed medication listed on the other side of this form. I further acknowledge that I shall indemnify and hold harmless Saint James Elementary School, its employees and/or agents of any liability as a result of any injury arising from the self-administration of medication by my child.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

OR

**Option 2-MAY NOT SELF ADMINISTER/SELF-CARRY**

I verify that my child \_\_\_\_\_ has a potentially life threatening allergy and is unable to self-administer the prescribed medication in a life threatening situation and therefore **can not** carry their epinephrine auto-injector on them. I hereby give permission for the nurse or a trained delegate to administer the prescribed medication listed on the other side of this form. I further acknowledge that I shall indemnify and hold harmless Saint James Elementary School, its employees and/or agents of any liability as a result of any injury arising from the self-administration of medication by my child.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_



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