ENGLEWOOD PUBLIC SCHOOL DISTRICT

12 TENAFLY ROAD
ENGLEWOOD, N.J. 07631

Student's Name _____ DOB_____Date_____

TO BE COMPLETED BY PHYSICIAN:

□ If stung by _____
□ After ingesting _____
□ After exposure to _____
□ Immediately give _____whether or not symptoms are present.
medication/dose/route

OR

Observe student for up to 30 minutes and only give _____
medication/dose/route

if the following symptoms occur:

____	MOUTH:	itching and/or swelling of lips, tongue, or mouth.
____	THROAT:	itching and/or sense of tightness in throat, hoarseness, hacking cough, and/or difficulty swallowing.
____	SKIN:	itching, hives, rash, and/or swelling in any area of body.
____	ABD:	nausea, abdominal cramps, vomiting, and/or diarrhea.
____	LUNG:	shortness of breath, sense of tightness in chest, repetitive coughing, and/or wheezing.
____	HEART:	rapid weak pulse, dizziness and/or fainting.
____	OTHER:	_____
		_____

STUDENT HAS HAD A DOCUMENTED EPISODE OF ANAPHYLAXIS: □Yes □No

IF EPINEPHRINE AUTO-INJECTOR IS PRESCRIBED, CHECK ONE:

____ Student is **not** capable of self-administration.

____ Student **is** capable of self-administration and has been instructed in its use and may carry epinephrine auto-injector with him/her.

If epinephrine is given, EMS will be immediately contacted.

Physician's Signature: _____ Date: _____

Please print or stamp Name: _____

Address: _____

Phone: _____

TO BE COMPLETE BY PARENT/GUARDIAN:

I request that my child be given the medication described in the manner above at school by the school nurse. Only if authorized by the doctor, I request my child be permitted to carry an epinephrine auto-injector and self-medicate when necessary. If carried on his/her person, I will be cognizant of the expiration date and renew the injector when needed. I relieve the Board of Education and its employees of any liability which may result from the administration of the above medication to my child or from self-administration when certified by the physician.

Parent/Guardian Signature _____ Date _____
Home Phone _____ Emergency Phone _____