



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 _____