

**CLARK TOWNSHIP SCHOOL DISTRICT**  
**SCHOOL HEALTH SERVICES**

**DELEGATE FOR EPIPEN**

To the Parent/Guardian of: \_\_\_\_\_

The school nurse has been informed by you that your child may experience anaphylaxis, a severe life-threatening allergic reaction, when exposed to \_\_\_\_\_, and requires an epinephrine injection when exposed.

Normally, this emergency medication is either self-administered by the student, or given only by the school nurse. There may be times, however, when the school nurse is not physically present to give the epinephrine and/or the student is unable to self-administer the injection. This may include field trips, after-school clubs or activities, and sports.

The parents may give written permission for the school nurse to designate and train another district employee, such as a teacher or coach, to give the injection. Parents are not required to give the permission. (N.J.S.A. 18A: 40-12.5)

Please note that this law and policy applies only to a pre-filled single dose auto-injector device containing epinephrine – commonly known as Epipen.

**This policy does not permit another employee to give Benadryl and wait to assess the allergic reaction.**

**If you choose to have a delegate, that person will inject the Epipen if your child says he/she is having allergic symptoms, or is observed to be having any symptoms, and call 9-1-1 , and then call parent.**

\_\_\_\_\_ I give permission for the school nurse to train an Clark Township School District employee to administer an Epipen to my child when the school nurse is not available.

\_\_\_\_\_ I do not want a delegate to administer an Epipen to my child.

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

\_\_\_\_\_  
Date

\*\* Parent will provide an Epipen to the school, and replace it when it has expired.

This form must be renewed each school year.