

MONMOUTH COUNTY VOCATIONAL SCHOOLS

CONSENT AND AUTHORIZATION FOR DELEGATION OF ADMINISTRATION OF MEDICATION

_____, has been designated by the school nurse in consultation with the Board of Education to administer epinephrine via pre-filled, single-dose auto-injector mechanism to _____ for anaphylaxis when the nurse is not physically present at the scene, in accordance with P.L 2007, c. 57.

This employee has been properly trained in the administration of epinephrine by the school nurse using standardized training protocols established by the Department of Education in consultation with the Department of Health and Human Services and has met the following criteria:

1. Is willing to learn and assume responsibility
2. Has demonstrated competency and good judgment
3. Holds a current CPR Providers course completion card issued by a training center of the American Heart Association or a course completion card for adult, infant and child CPR issued by the American Red Cross.(Recommended)
4. Is available to the pupil where anaphylaxis is likely to occur
5. Has been trained in tasks specific to the above-named student

Neither the capability of self-administration, the presence of antihistamine in the doctor's order, nor a co-morbidity of asthma should preclude a delegation of epinephrine administration for a student for anaphylaxis. Epinephrine and a trained adult user must be immediately available and accessible to the child who needs it.

If the procedures specified in P.L 2007, c. 57 are followed, the district shall have no liability as the result of any injury arising from the administration of epinephrine to the pupil and we, the parents or guardians, indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine to the pupil.

Permission is effective for the school year in which it is granted and is renewed for each subsequent year in accordance with P.L 2007, c. 57.

Designee's Signature

Designee's Signature

Designee's Signature

Designee's Signature

Parent/Guardian's Signature

Nurse's Signature

Building Principal's Signature

Date