

**NORTH HALEDON SCHOOL DISTRICT**

**Memorial Elementary School**  
201 Squaw Brook Road  
North Haledon, NJ 07508  
Tel: 973-427-8993  
FAX: 973-423-1514

**High Mountain School**  
515 High Mountain Road  
North Haledon, NJ 07508  
Tel: 973-427-1220  
FAX: 973-427-7685

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**PHYSICIAN'S PERMISSION FORM  
FOR EMERGENCY EPINEPHRINE ADMINISTRATION**

Child's Name \_\_\_\_\_  
Last First Middle

School \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Anaphylactic Allergy to: \_\_\_\_\_

- Insect stings such as bees or wasps
- Food allergy to \_\_\_\_\_
- Exposure to the following allergen(s) \_\_\_\_\_

I certify that this student has had an anaphylactic reaction to the allergen(s) listed above. I agree that emergencies may arise which require that the school nurse or a trained designee to administer epinephrine via a pre-filled auto-injector mechanism to this child.

If there is reasonable suspicion that above named child has been stung or has ingested the above named allergen, or if any of the following signs of anaphylaxis develop, I give my permission for the nurse or trained designee to follow the protocol described below. Signs of an anaphylactic reaction include: itching or swelling of the lips, tongue, or mouth; itching or tightness in the throat, hoarseness; hives, itchy rash, and swelling of the face or extremities; nausea, abdominal cramps, vomiting, and diarrhea; shortness of breath, wheezing or hacking cough; thready pulse or passing out.

**1. \_\_\_\_\_ Administer immediately:**

- Epi-Pen Jr. (.15mg)IM
- Epi-Pen (.3mg.)IM

**OR**

\_\_\_\_\_ **If ingestion/exposure suspected but no signs of anaphylaxis, give**  
\_\_\_\_\_ **If signs of anaphylaxis develop administer:**  
Medication/dose/route

- Epi-Pen Jr. (.15mg) IM
  - Epi-Pen (.3mg) IM
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2. Call 911 and parent immediately.

3. Begin CPR if pulse and breath absent.

4. Make child as comfortable as possible until ambulance arrives.

Please describe any necessary health procedures or modifications that you recommend should be made at school, including but limited to, ways in which the student's exposure to the above-described allergen may be reduced at school (discuss items such as specialized lunch room seating, precautions on school trips, needs related to fumes from allergens, etc.):

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Physician's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date