

### Epi-pen Delegate Permission Form

In addition to the self administration form and The Individual Healthcare Plan for Severe Allergies/ Anaphylaxis, students with severe allergies must have this form filled out and signed by parent/guardian. This form is used for permission or refusal to appoint a delegate to administer the epi-pen to students with severe allergies.



Palmyra School District  
Parent Form for Allergy Emergency Treatment

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_ Date \_\_\_\_\_

Parent/Guardians

A current single dose of Epinephrine auto-injector must be provided to the school for your child's use. Two single doses must be provided to the nurse if your healthcare provider has ordered a repeat dose to be given. All antihistamines and epinephrine must be brought to the school by an adult and be provided in the original container.

Checklist for parent use: Please initial those that apply to your student:

- \_\_\_\_\_ (initial) I have supplied the school nurse with completed and signed medication orders
- \_\_\_\_\_ (initial) I have informed my child's bus driver
- \_\_\_\_\_ (initial) I have informed SAC
- \_\_\_\_\_ (initial) One spare Epinephrine auto-injector device with valid expiration date was supplied to the School nurse for the requested delegate to administer as needed
- \_\_\_\_\_ (initial) When my child is in a club, staying after school, on a field trip, involved in sports or other activity outside of the building, I will inform the school nurse of that activity/event 2 weeks prior

Additional for students with Self-administer orders:

- \_\_\_\_\_ (initial) Epinephrine auto-injector was supplied to my child with a valid expiration date  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_\_\_ (initial) I have reminded my child to keep one dose of epinephrine with him/her at all times.
- \_\_\_\_\_ (initial) I have reminded my child to keep one dose of antihistamine with him/her at all times  
OR  \_\_\_\_\_ (initial) Antihistamine is not prescribed
- \_\_\_\_\_ (initial) I have reminded my child to report each incident to a teacher, coach or other individual when the pupil self-administers. The school nurse preserves records and documentation regarding the self-administration of medication in the pupil's health file.

**\*\* PLEASE NOTE: The School Nurse by law may administer medication with medical provider's orders and parental consent, but trained non-medical designees, who may give emergency treatment in the School Nurse's absence, are NOT permitted by law to administer any medications other than epinephrine via auto-injector mechanism.**

**\* \* \* PLEASE COMPLETE BOTH SIDES OF FORM !! \* \* \***