

M1A: Pilgrim Academy – EPI PEN Form

Student: _____ DOB: _____

(M1A) EPI-PEN: Parents of Students with EPI-PEN's, Please Complete/Sign

It is the parent/guardian's responsibility to provide a current pre-filled EPI-PEN. It is also their responsibility to replace it when it expires.

The signed permission for use of EPI-PEN is effective for the school year granted and must be renewed each subsequent school year.

The necessary orders from the physician must also accompany the EPI-PEN, and must indicate if the student is not capable of self-administration.

When all the procedures specified in N.J.S.A. 18A-12-5 are followed, The Pilgrim Academy and its employees shall have no liability as a result of any injury arising from the administration of epinephrine via EPI-PEN.

Any student who requires EPI-PEN and is scheduled to go on a class trip must be accompanied by a parent or guardian unless the student has written permission from their doctor to self administer.

It is our desire to provide for your child the best medical attention possible in a school setting. If there are additional questions please feel free to contact the school nurse.

(M1B) EPI-PEN: Parents of Students with EPI-PEN's, Please Complete/Sign

1. I give permission for the administration of a pre-filled, single dose autoinjector mechanism filled with epinephrine (EPI-PEN) to my son/daughter.

Signature: _____ **Date:** _____.

2. I have provided written orders from the physician that my son/daughter requires the administration of epinephrine for anaphylaxis and does NOT have the capability to self-administer.

Signature: _____ **Date:** _____.

3. I understand that all the procedures specified in N.J.S.A 18A:40-12.5 are followed, The Pilgrim Academy shall have no liability as a result of any injury arising from the administration of epinephrine to the student and that the parents shall indemnify and hold harmless The Pilgrim Academy and its employees against any claims arising fro the administration of EPI-PEN.

Signature: _____ **Date:** _____.

4. I will be responsible for replacing EPI-PEN when it expires.

Signature: _____ **Date:** _____.

5. I give my consent for administration of epinephrine by the designated individual and understand that if all the proper procedures for delegation have been followed The Pilgrim Academy and its employees shall have no liability as a result of any injury arising from administration of epinephrine. Delegate is: _____.

Signature: _____ **Date:** _____.

(M1C) EPI-PEN: Permission for Student to Self Administer EPI-PEN

My son/daughter has been properly instructed in the administration of EPI-PEN

Signature: _____ **Date:** _____.

I am aware that whenever an EPI-PEN has been administered to an individual they must then be sent to the nearest hospital.

Signature: _____ **Date:** _____.

Due to state requirement N.J.S.A. 18A:40-12.3 only a school nurse, authorized personnel or parent may administer medication to a student while on field trips. The Pilgrim Academy has adopted a policy that will require one parent or guardian to accompany their child who requires medication or any student who might require the use of EPI-PEN.

Signature: _____ **Date:** _____.