

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Parent _____ Phone Number(s) cell _____
work _____
home _____
Parent _____ Phone Number(s) cell _____
work _____
home _____

IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR HAVE CHILD TRANSPORTED VIA RESCUE SQUAD TO NEAREST EMERGENCY MEDICAL FACILITY!

I verify that my child _____ has a potentially life threatening illness **and has been instructed in self-administration** of the prescribed medication in a life threatening situation. **I hereby give my permission for my child to self-administer prescribed medication.** I further acknowledge that the Roxbury Township School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child, if procedures specified by NJ law and Roxbury Township School District policy are followed. I shall indemnify and hold harmless the Roxbury Township School District and it's employees or agents against any claims arising out of administration of medication to my child.

I give permission for a trained delegate, if available, to administer prescribed epinephrine to my child in the absence of the nurse.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE