



WATCHUNG HILLS REGIONAL HIGH SCHOOL

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**2014 New Jersey Revised Statutes
Title 18A - EDUCATION
Section 18A:40-12.3 - Self-administration of medication by pupil permitted.**

Universal Citation: NJ Rev Stat § 18A:40-12.3 (2014)

18A:40-12.3 Self-administration of medication by pupil permitted.

1. a. A board of education or the governing board or chief school administrator of a nonpublic school shall permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses, a life-threatening allergic reaction, or adrenal insufficiency provided that:

(1) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written authorization for the self-administration of medication;

(2) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening illness or is subject to a life-threatening allergic reaction, or has adrenal insufficiency and is capable of, and has been instructed in, the proper method of self-administration of medication;

(3) the board of education or the governing board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil;

(4) the parents or guardians of the pupil sign a statement acknowledging that the district or the nonpublic school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the self-administration of medication by the pupil; and

(5) the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in paragraphs (1) through (4) of this subsection.

b. Notwithstanding any other law or regulation to the contrary, a pupil who is permitted to self-administer medication under the provisions of this section shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, or prescribed medication for adrenal insufficiency at all times, at all times, provided that the pupil does not endanger himself or other persons through misuse.

c. Any person who acts in good faith in accordance with the requirements of this act shall be immune from any civil or criminal liability arising from actions performed pursuant to this act.

Per the above information, I grant my Child _____.

Permission to self-carry and self-administer their prescribed medication during school hours and during athletic or school sponsored events.

I acknowledge that the district shall incur no liability as a result of any injury arising from the self-administration of medication by my child and that I shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the pupil.

Parent/Guardian Signature: _____ Date: _____

Authorization for Administration of Epinephrine and Diphenhydramine in School

Directions: Please complete both sides of the form. This form is required annually for any student requiring administration of an Epinephrine Auto-Injector at school or a school sponsored event.

Student Name: _____ DOB: _____

School Year: _____ Grade: _____ Student Picture: _____

Wt. (lbs.): _____

Emergency Contacts – Name/Relationship (List Parent/Guardian First)

1. _____ Home _____ Cell _____ Work _____

2. _____ Home _____ Cell _____ Work _____

Section 1: To be completed by the Physician/Advanced Practice Nurse/Physician’s Assistant

The Student’s Potential triggers of Anaphylaxis are: _____

Does the student have Asthma? _____ Yes _____ No

The student’s possible symptoms of Anaphylaxis are: _____

_____ or is currently unknown but is at risk of Anaphylaxis.

_____ Does the student require seating at an “allergy free” table during meals/snacks?

_____ Yes _____ No _____ Decision is up to the parent/guardian.

Section 2: Medication Orders

_____ Epinephrine auto-injector 0.3mg up to 2 doses as needed.

_____ Epinephrine auto-injector 0.15mg up to 2 doses as needed.

_____ School nurse may administer Diphenhydramine _____ mg by mouth (single dose)

_____ Other: _____

Section 3: Student Self Administration Orders

NJ P.L. 2007, c57 directs that a student may be permitted to carry and self-administer Epinephrine by auto-injector at school and sponsored functions. The student must be properly trained in the carrying and use of the medication and approval is required by their medical provider and parent/guardian.

_____ This student **IS NOT** approved for self-carry and administration.

_____ This student **may self-carry and administer** their Epinephrine auto injector. Concurrence will be obtained by the student’s parent/guardian and school nurse. This student understands the proper method of self-administration of their Epinephrine auto-injector.

Medical Provider Signature

Date:

Phone Number

Office Stamp:

Parent/Guardian Portion
Authorization for Administration of Epinephrine and Diphenhydramine in School

Section 4: Parent/Guardian permission. To be completed by parent/guardian of student. Complete and sign at bottom of page.

My child requires emergency administration of epinephrine by a pre-filled single-dose auto-injector in the event of anaphylaxis.

I consent to the following for the current school year:

- I will deliver the medication to the school nurse in its original prescription container labelled with child's name.
- I understand that it is my responsibility to ensure that the student always has the medication available at school.
- I will be responsible for noting expiration date and replacing expired medication.
- For students allowed to carry and self-administer: Extra medication will be sent to school to be kept in the Health Office in case my child forgets to bring the prescribed medication to school.
- I give permission for my child to receive medication at school as prescribed by my child's physician.
- I give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications.
- I give permission for the school nurse to share this medical information with members of the district staff who have direct responsibility for my child in school or at a school sponsored event.
- I understand that the district and its employees or agents shall incur no liability as a result of any injury arising from the administration or self-administration of medication by the pupil and/or staff, and we, the parents or guardians, indemnify and hold harmless the school district and its employees or agents against any claims arising out of the administration or self-administration of medication by the pupil and/or staff. Any person who acts in good faith in accordance with the requirement of P.L. 2007, c 57 shall be immune from any civil or criminal liability arising from actions performed pursuant to that section.
- I will contact the school nurse with any questions or changes in my child's health condition.

Parent/Guardian Signature: _____ Date: _____

Section 5: Designation of Administration of Epinephrine

The Certified School Nurse may designate, in consultation with the Building Administrator, another employee of the district to administer a pre-filled single dose auto-injector mechanism containing epinephrine when the school nurse is not physically present in the building or at the scene, if outside of school. Delegates are assigned according to activity-sports, activities & trips. The employee(s) are trained using the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education.

CHECK ONE ANSWER ONLY

I **give consent** for a trained employee(s) of the district to administer epinephrine in the event the school nurse is not present at the scene. I understand that the district and its employees or agents shall incur no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine, and that I indemnify and hold harmless the district and its employees or agents against any claims arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine.

I **do not give consent** for an employee to be designated as an epinephrine delegate for my child.

Student Self Administration

I allow my child to carry and self-administer epinephrine auto-injector, must be approved by physician also, on page 1.

I do not allow my child to carry and self-administer epinephrine auto-injector.

Parent/Guardian Signature: _____ Date: _____