

Lower Cape May Regional School District
687 Route 9 Cape May, NJ 08204
609-884-3475

High School
Lawrence Ziemba, Principal
Shannon Ray, RN, BSN School Nurse Ext. 238

Teitelman School
Gregory Lasher, Principal
Morgan Dougherty, RN, BSN School Nurse Ext. 275

Epinephrine administration

The student & parent must sign this form **AND** return it to the school nurse with a doctor's note stating the student requires epinephrine for anaphylaxis.

I request (STUDENT) _____ Grade _____ ID# _____

Receive Epinephrine (a life-saving medication) via a pre-filled auto-injector as a result of an anaphylaxis reaction from a _____ exposure.

Epinephrine administration will be done by the school nurse when physically present at the scene. In the event the school nurse is not physically present at the scene, a staff member trained in epinephrine administration will administer the pre-filled auto-injector mechanism to the student. The district shall incur no liability as a result of any injury or claim arising from the administration of epinephrine to the student.

The pre-filled auto-injector with epinephrine will be: (Circle One)

1. Carried in the student's backpack/sports bag at all times.
- OR**
2. Kept in the nurse's office.

School year: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return to nurse's office.