

ALLERGIC REACTION / MEDICATION FORM

SECTION II- To be completed by parent/guardian:

My child, _____, a student at VHS, has a potentially life-threatening allergy that could result in anaphylaxis. This student requires emergency administration of epinephrine by a pre-filled single-dose auto-injector mechanism containing epinephrine in the event of anaphylaxis and has my permission, in accordance with P. L. 2007, c 57, to carry and self-administer the prescribed medication.

In order to keep my child safe at school or a school sponsored event, I consent to the following for the 20____/20____ school year:

- I will assure that the medication is in its original prescription container.
- I will remind my child to have the medication with them at all times.
- For an antihistamine prescribed to be given along with epinephrine for anaphylaxis, a single pre-measured dose of antihistamine, in its original labeled container, is to be kept with the student, along with the epinephrine, at all times.
- 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 NHVRHS staff who have direct responsibility for my child in school or at a school sponsored event.
- I understand that the NHVRHS 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 we, the parents or guardians, indemnify and hold harmless the NHVRHS district and its employees or agents against any claims arising out of the administration or self-administration of medication by the pupil. 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's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

Emergency contacts – Name/Relationship (List parent/guardians first) – Telephone numbers

1. _____ (H) _____ (C) _____ (W) _____
2. _____ (H) _____ (C) _____ (W) _____
3. _____ (H) _____ (C) _____ (W) _____