

Lopatcong Township School District

Lopatcong Township Elementary School
263 Route 57
Phillipsburg, New Jersey 08865
Phone: 908-859-0800
Fax: 908-213-1339

Lopatcong Township Middle School
321 Stonehenge Drive
Phillipsburg, New Jersey 08865
Phone: 908-213-2995
Fax: 908-213-0373

PHYSICIAN'S ORDER

Parent Authorization for School Nurse to Administer Epi-Pen School Year _____

Name of Student: _____ Age: _____ Grade: _____

Address: _____ Phone: _____

Emergency Phone Numbers: _____ Mother _____ Father _____

Emergency Contact Name/Phone: _____ Number: _____

Name of Medication/Dosage/Frequency: _____

Has child ever experienced an anaphylaxis event? _____ Yes _____ No

Date of event: _____ Explain briefly what happened: _____

What may Trigger an Event: _____

Date

Signature of Physician

PARENT'S AUTHORIZATION

As parents/guardian's of _____, we request that the **school nurse** administer
(Name of Student)
Epi-Pen as ordered by my child's physician.

Please be advised that (2) Epi-Pens must be brought to school in its original container and appropriately labeled by the pharmacist. Checking expiration dates will be the responsibility of the parents.

#1 Epi-Pen – Exp. Date: _____ Lot# _____ #2 Epi-Pen – Exp. Date: _____ Lot# _____

Be advised if Epi-Pen is administered in school, it is the policy of Lopatcong Township Board of Education to call 911 immediately.

We understand that Lopatcong Township Board of Education, its agents and employees, will be released, discharged and held harmless from **any and all liability** claim whatsoever from the administration of the above medication.

Signature of Parent

Date

Signature of Parent

Date