

CHERRY HILL PUBLIC SCHOOLS

Cherry Hill, New Jersey

**Emergency Administration of Epinephrine by Unlicensed Personnel for Life
Threatening Allergic Reactions**

School _____

Student Name _____ DOB _____

Dear Physician:

The child listed above is one of your patients and a student in our school. In order for the implementation of New Jersey P.L. 2007, Chapter 57, the Cherry Hill Public School District has a policy requiring the following information be submitted by a student's physician or advanced practice nurse.

1. Date of Observed anaphylactic reaction, if any _____

2. Presenting symptoms of allergic reaction in this child

3. Causative allergen(s) _____

4. Does this child have any other medical condition(s) whose symptoms could mimic those of impending anaphylaxis, i.e. asthma? No _____ Yes _____

If yes, what is the medical condition? _____

5. Please state existing medication order for this child's allergy, and if not already submitted to school nurse, please attach.

Print Name of Physician/Advanced Practice Nurse Phone _____

Signature or Physician/Advanced Practice Nurse Date _____

Note: Please be aware that this law is for autoinjectable epinephrine to be given by UNLICENSED VOLUNTEER PERSONNEL in the absence of medical personnel. Orders such as "give Benadryl first, followed by Epipen if reaction is severe" will not be allowed under this law. Only medical personnel can make the physical assessment necessary to carry out such an order.
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