

Eastern Camden County Regional School District
Department of Student Health Services

Senior High School
Nurse
856.784.4441 x 1136

Intermediate High School
Nurse
856.784.4441 x1250

Epinephrine Form

To: The Board of Education of Eastern Camden County High School District

From: _____

Address: _____

Date: _____

My son/daughter _____ has my permission to self-administer epinephrine or to be administered epinephrine by the school nurse or properly trained school designee . I acknowledge that the Eastern Camden County Regional School District, its employees and agents shall incur no liability as a result of any injury arising from the self administration or the administration of epinephrine via a prefilled auto-injector mechanism to the pupil by the school nurse or properly trained school designee. We, the parents or guardians, indemnify and hold harmless the district and its employees or agent against any claims arising out of the self-administration or administration of epinephrine via a prefilled auto-injector mechanism by the school nurse or properly trained school designee. I/we further acknowledge that my/our child will not give this medication to any other student.

Signed ** _____

*** This form is to be signed in the presence of a notary public*

Eastern Camden County Regional School District

Department of Student Health Services

Senior High School
Cathy D'Ascenzo, RN
856-784-4441 x 1136

Intermediate High School
Yolanda Small, RN
856-784-4441 x 1250

**PHYSICIAN CERTIFICATION FOR SELF-ADMINISTRATION
OF MEDICATION**

PER TITLE 18a:40-12, 3 et. Seq.

I certify that _____

has a "severe food allergy" or a potentially life threatening condition,

(please specify) _____ and is capable

of, and has been instructed in the proper method of self-administration

of _____. This student therefore, is

permitted to carry and self-administer the above medication.

Date _____

Physician's Signature _____

Physician's phone number _____

Office Address _____

Physician's Stamp