



Columbus School



Robert Cannizzaro
Plim:ipal

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Tel: (973) 478-05114 • Fax: (973) 478-7753

Allergies

Date: _____

Dear Parent/Guardian of Student:

You have indicated that the above-named student has an allergy to _____
Please advise the nurse at your child's school what the exact reaction your child has and if any medication is required in the event of a reaction.

It is IMPERATIVE that you notify the school nurse if your child has any significant allergies i.e. peanut, medication, bee sting as soon as possible and what the specific reaction is and the course of treatment to be taken. If your child requires medication of any type to counteract their reaction, please contact the nurse and fill out the proper forms.

I thank you for your attention to this matter. Please contact the school nurse at your child's school if you need assistance or have any questions.

Sincerely,

Ms. Lisa Cangialosi, RN, BSN

School Nurse
973-478-3503

My son/daughter _____ has an allergy to :

He/She requires _____

Date:

Parent/Guardian Signature



Columbus School



Robert Cannizzaro

Principal

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Medical Authorization Form

School Year: _____ School: _____

Physician's Order

Student: DOB: _____

Medication: Dosage: _____

Time: _____ Frequency: _____

(If PRN Medication Please indicate the frequency with which it can be repeated)

Reason for Medication: _____

Possible Side Effects: _____

Date medication is to be discontinued:

Physician's Comments (if needed):

Date: _____

Please Stamp Below

Physician's Signature

Address

Telephone

I request that my son/daughter _____, be administered the medication prescribed above by the school nurse.

Date:

Parent/Guardian Signature

EPI-PEN MEDICATION FORM

Name _____ DOB _____ Teacher _____

ALLERGY TO: _____ Asthmatic ___ Yes ___ No (check one)

STEP 1 - TREATMENT

SYMPTOM	Give Epinephrine	Give Antihistamine
If a food allergen has been ingested but no symptoms:		
• Mouth: Itching, tingling or swelling of lips, tongue, mouth		
• Skin: Hives, itchy rash, swelling of face or extremities		
• Gut: Nausea, abdominal cramps, vomiting, diarrhea		
• Throat: tightening of throat, hoarseness, hacking cough		
• Lung: Shortness of breath, repetitive coughing, wheezing		
• Heart: Weak or thready pulse, low blood pressure, fainting, pale, blueness		
• Other		
• If reaction is progressing (several of the above) give:		

DOSAGE-

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen, Jr Twinject 0.3 mg
Twinject 0.15mg

Antihistamine: administer _____
(medication/dose/route)

PERMISSION TO SELF ADMINISTER

This student is both capable and responsible for self-administering this medication:

_____ No _____ Yes - Supervised _____ Yes- Unsupervised

STEP 2- EMERGENCY CALLS

1. Call 911- State that an allergic reaction has been treated and additional epinephrine may be needed

2. Parent _____ Phone# _____

3. Parent _____ Phone# _____

4. Emergency Contacts: Name & Relationship

_____ Phone# _____

_____ Phone# _____

Doctor's Signature _____ Date _____
(Required)

PARENT/Guardian SIGNATURE _____ Date _____

**Lodi Public Schools
Lodi, New Jersey**

**Permission To Administer A Pre-Filled Single Dose
Auto Injector Mechanism Containing Epinephrine**

I, the undersigned parent or guardian _____ give permission for the
(name)
school nurse or his/her designee to administer epinephrine via a pre-filled single dose auto injector
mechanism to my child _____
(name)

I have provided the needed written orders from my physician which states that the child requires the mechanism containing epinephrine for anaphylaxis. My child is incapable of administering the mechanism him/herself.

I, _____ hereby acknowledge that the district has no liability as a result of any injury arising from the administration of a pre-filled single dose auto injector mechanism containing epinephrine. I, _____ hereby indemnify and hold the district and employees harmless against any claims arising from the administration of a pre-filled single dose auto injector mechanism containing epinephrine.

The permission for the emergency administration of epinephrine via a pre-filled single dose auto injector mechanism containing epinephrine to pupils for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

Signature Parent/Guardian

Date

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of the illness of any pupil. However, in order for many pupils with chronic health conditions and disabilities to remain in school, medication may have to be administered during school hours. Parents and legal guardians are encouraged to administer medications to children at home whenever possible as medication should be administered in school only when necessary for the health and safety of pupils. The Board will permit the administration of medication in school in accordance with applicable law.

Medication will only be administered to pupils in school by the school physician, a certified or noncertified school nurse; a substitute school nurse employed by the district, the pupil's parent(s) or legal guardian(s), a pupil who is approved to self-administer in accordance with N.J.S.A. 18A:40-12.3 and 12.4, and school employees who have been trained and designated by the certified school nurse to administer epinephrine in an emergency pursuant to N.J.S.A. 18A:40-12.5 and 12.6.

Self-administration of medication by a pupil for asthma or other potentially life-threatening illness or a life-threatening allergic reaction is permitted in accordance with the provisions of N.J.S.A. 18A:40-12.3.

Medication no longer required must be promptly removed by the parent(s) or legal guardian(s).

The school nurse shall have the primary responsibility for the administration of epinephrine. However, the certified school nurse may designate, in consultation with the Board or the Superintendent, additional employees of the district who volunteer to be trained in the administration of epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the Department of Education in consultation with the Department of Health and Senior Services when the school nurse is not physically present at the scene.

The school nurse or designee shall be promptly available on site at the school and at school-sponsored functions in the event of an allergic reaction. In addition, the parent(s) or legal guardian(s) must be informed that the school district, its employees and agents shall have no liability as a result of any injury arising from the administration of epinephrine to the pupil.

The parent(s) or legal guardian(s) of the pupil must sign a statement acknowledging their understanding the district shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil and the parent(s) or legal guardian(s) shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil.

The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to pupils for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

Each school in the district shall have and maintain for the use of pupils at least one nebulizer in the office of the school nurse or a similar accessible location. Each certified school nurse or other persons authorized to administer asthma medication will receive training in airway management and in the use of nebulizers and inhalers consistent with State Department of Education regulations. Every pupil that is authorized to use self-administered asthma medication pursuant to N.J.S.A. 18A:40-12.3 or a nebulizer must have an asthma treatment plan prepared by the pupil's physician which shall identify, at a minimum, asthma triggers, the treatment plan and other such elements as required by the State Board of Education.

All pupil medications shall be appropriately maintained and secured by the school nurse, except those medications to be self-administered by pupils. In those instances, the medication may be retained by the pupil with the prior knowledge of the school nurse. The school nurse may provide the Principal and other teaching staff members concerned with the pupil's educational progress with such information about the medication and its administration as may be in the pupil's best educational interests. The school nurse may report to the school physician any pupil who appears to be affected adversely by the administration of medication and may recommend to the Principal the pupil's exclusion pursuant to law.

The school nurse shall document each instance of the administration of medication to a pupil. Pupils self-administering medication shall report each incident to a teacher, coach or other individual designated by the school nurse who is supervising the pupil during the school activity when the pupil self-administers. These designated individuals shall report such incidents to the school nurse within twenty-four hours of the self-administration of medication. The school nurse shall preserve records and documentation regarding the self-administration of medication in the pupil's health file.

N.J.S.A. 18A:6-1.1; 18A:40-3.1; 18A:40-6; 18A:40-7; 18A:40-12.3;
18A:40-12.4; 18A:40-12.5; 18A:40-12.6; 18A:40-12.7;
18A:40-12.8

N.J.S.A. 45:11-23

N.J.A.C. 6A:16-2.3(b)

Date Adopted: 5/6/80

Date(s) Revised: 4/14/94, 9/27/95, 5/26/99, 6/25/03, 10/26/05, 1/23/08

ALCOHOLIC BEVERAGES ON SCHOOL PREMISES Policy No. 7435

The knowing possession, without legal authority, or knowing consumption of any alcoholic beverage by any person on school premises is a disorderly person's offense.

The Board of Education prohibits the possession and consumption of an alcoholic beverage, without the express written permission of the Superintendent, by any person in any school building and on school property or at any school sponsored activity.

The Board will report to law enforcement officials and prosecute as appropriate any person who violates law and this policy, except that any pupil who possesses or uses or is under the influence of alcohol on school premises or at any school sponsored activity will be treated in accordance with law and Policy Nos. 3218, 4218, and 5530.

School district employees who violate this policy or are present on school premises or at any school sponsored activity while under the influence of alcohol will be subject to discipline, which may include dismissal or certification of tenure charges, as appropriate.

N.J.S.A. 2C:33-15 et seq.

N.J.S.A. 18A:40A-12

N.J.S.A. 24:21-2 et seq.

Date Adopted: 7-22-08

ASSAULTS ON DISTRICT BOARD OF EDUCATION MEMBERS OR EMPLOYEES

Policy No. 5612

Any student who commits an assault, as defined under N.J.S.A. 2C:12-1(a)l, not involving the use of a weapon or firearm, upon a teacher, administrator, other school district employee, or Board member acting in the performance of his or her duties and in a situation where his or her authority to act is apparent, or as a result of the victim's relationship to the school district, shall be immediately removed from school pursuant to N.J.S.A. : 18A:37-2.1 and N.J.A.C. 6A:16-5.7.

A student, other than a student with a disability, who commits an assault as defined in N.J.S.A. 2C:12-1(a)l, shall be immediately removed from school consistent with due process procedures, pending a hearing pursuant to N.J.A.C. 6A:16-7.2 through 7.5. Nothing in N.J.S.A. 18A:37-2.1 or N.J.A.C. 6A:16-5.7 shall be construed as prohibiting the expulsion of a general education student. A student with a disability who commits an assault as defined in this Policy, shall be removed in accordance with N.J.A.C. 6A:14 and due process proceedings in accordance with N.J.A.C. 14-2.7 and 2.8.