



PERMISSION FOR OFF-PROPERTY SCHOOL PROGRAMS

Student Name _____ Homeroom _____

My child has emergency medication and a school emergency action plan to manage:

_____ Asthma

_____ Seizure Disorder

_____ Allergy

_____ Diabetes

_____ Adrenal Disorder

Emergency medication(s) _____

Under NJ law, non-medical staff members can be trained to administer EpiPen, Glucagon and Solu-Cortef.

_____ I give permission for my child to participate in community-based instruction, job sampling, work programs, interscholastic athletics, and off-property field trips without an ECLC school nurse present. If my child has a medical emergency while off-property, I understand that 911 will be called and an ECLC staff member will accompany the student to the hospital.

Parent Signature _____ Date _____

Physician Signature _____ Date _____