



## EPINEPHRINE ADMINISTRATION PERMISSION FORM

I, \_\_\_\_\_ and \_\_\_\_\_

are the parents/guardians of \_\_\_\_\_ who is a pupil in the  
\_\_\_\_\_ school.

I (we) hereby consent and give permission to the school nurse and trained designated employee delegates to administer a pre-filled auto-injector mechanism containing epinephrine to the pupil named above.

We further stipulate that we have been informed by the district that the employee(s) or agents and the district have no liability as a result of any injury arising from the administration of the pre-filled auto-injector mechanism containing epinephrine to the pupil named above.

And we further acknowledge that we understand that if the procedures outlined in Board of Education policy and regulations 5331 and N.J.S.A. 18A 40-12.3 - 12.6 are followed that the district shall have no liability as a result of any injury arising from the procedures utilized for emergency administration of epinephrine to the pupil and further that we the parents or guardians hereby indemnify and hold harmless the district and the employees or agents against any claim arising out of the administration of pre-filled auto-injector mechanism containing epinephrine to the pupil named above.

We understand that in the event that the auto-injector mechanism containing epinephrine is used **9-1-1** will be called.

We understand that this permission is effective for this school year and must be renewed for subsequent school years.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent or Guardian