

BRIDGEWATER-RARITAN REGIONAL SCHOOL DISTRICT

**PARENT/GUARDIAN AUTHORIZATION FOR A STUDENT TO RECEIVE
EMERGENCY ADMINISTRATION OF EPINEPHRINE FOR ANAPHYLAXIS
VIA AN AUTO-INJECTOR SINGLE DOSE MECHANISM
BY AN EMPLOYEE DESIGNATED AND TRAINED BY THE SCHOOL NURSE**

THIS AUTHORIZATION MUST BE RENEWED EACH SCHOOL YEAR.

School _____ Date _____


Name of Student _____ Grade _____

Homeroom Teacher _____

In accordance with law 18A:40-12.5 and 12.6, P.L. 1997, c.368, Bridgewater-Raritan Board of Education recognizes that students with a history of anaphylaxis (as documented by a physician or advanced practice nurse) may require the emergency administration of epinephrine for anaphylaxis if they do not have the capability for self-administration.

The school nurse may delegate the task of emergency administration of epinephrine via an auto-injector single dose mechanism to an employee chosen and trained by the school nurse.

As the parent/guardian of the above-named student, I/we hereby acknowledge that if the procedures specified in N.J.S.A. 18A:40-12.5 are followed, the district shall have no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine to the student. I/we shall indemnify and hold harmless the district and its' employees or agents against any claims arising out of the administration of a pre-filled single dose auto-injector mechanism containing epinephrine to the above-named student. I/we further acknowledge the above-named student does not have the capability for self-administration of epinephrine.




Signature of Parent/Guardian

Printed Name

Date

As the parent/guardian of the above-named student, I/we hereby acknowledge that if the procedures specified in the "Protocol & Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse" are followed, the district shall have no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine to the student. I/we shall indemnify and hold harmless the district and its' employees or agents against any claims arising out of the administration of a pre-filled single dose auto-injector mechanism containing epinephrine to the above-named student.

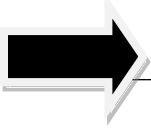


Signature of Parent/Guardian Printed Name Date

As the parent/guardian, I/we hereby give consent for a delegate to be selected and trained by the school nurse in the "Protocol & Implementation Plan for Emergency Administration of Epinephrine by a Delegate". Emergency epinephrine will be administered via an auto injector mechanism, according to Bridgewater-Raritan district policy to my child.

Child's Name

Designated Individual



Signature of Parent/Guardian

Printed Name

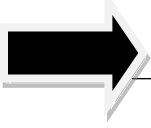
Date

I also understand that it is my responsibility to provide the school nurse with written orders from a physician or advanced practice nurse requiring the administration of epinephrine for anaphylaxis.

I understand that it is my responsibility to provide the school nurse with a current auto-injector single dose epinephrine and replacement as necessary.

Signature of Parent/Guardian

Printed Name



Address _____

Date _____

Telephone: Home _____

MOTHER: Work # _____

Cell # _____

FATHER: Work # _____

Cell # _____

This completed form must be brought to the school nurse by the parent/guardian with the medication in the original container appropriately labeled by the pharmacy or physician and Form #2, completed by the student's physician.