

CARLSTADT-EAST RUTHERFORD REGIONAL BOARD OF EDUCATION

EPINEPHRINE AUTO-INJECTOR (EPIPEN) DELEGATION-PARENTAL PERMISSION FORM

Student Name \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_

Physician Diagnosed Allergy \_\_\_\_\_

Prescribed epinephrine and dosage: \_\_\_\_\_

Other antihistamine (i.e., Benadryl) \_\_\_\_\_

**\*\*\*NOTE: A student may *only* administer an antihistamine if it is to be given *simultaneously* with the epinephrine. Delegates ARE NOT permitted by law to administer an antihistamine)**

*Student may self-administer the prescribed epinephrine auto-injector:*

Yes \_\_\_\_\_ No \_\_\_\_\_ On school trips only \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, give permission for the assignment of a delegate for the administration of an epinephrine auto-injector to my student. I understand that upon any administration of an auto-injector to my student, the Emergency Medical System (911) will be activated and the student will be taken to the nearest emergency room.

I also understand that I relieve the Carlstadt-East Rutherford Regional Board of Education and its employees of any liability for the administration of the epinephrine auto-injector. I also understand that the Carlstadt-East Rutherford Regional Board of Education requires the written order of the prescribing physician for the auto-injector. Furthermore, I understand that the district shall incur no liability as a result of any injury arising as it concerns the use of this epinephrine auto-injector. Also, I will indemnify and hold harmless the Carlstadt-East Rutherford Board of Education and its employees or agents any claims as it concerns the use of this medication.

I have discussed the use of a trained delegate with the student's physician, and by signing this form below, I give permission for the assignment of a delegate. I also will notify the school nurse, with advance notice, of any after school- sponsored activities my student may be attending, so that arrangements for epinephrine administration can be made. I also understand that it is the parent/guardian's responsibility to supply a back-up auto-injector of epinephrine, should the first injector fail.

This permission is effective for the current school year only and must be renewed each subsequent school year.

Parent/Guardian Permission for epinephrine delegate YES \_\_\_\_\_ NO \_\_\_\_\_  
(Check one)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian /Date

\_\_\_\_\_  
Name of Superintendent/Principal

\_\_\_\_\_  
Signature of Superintendent/Principal/Date

\_\_\_\_\_  
Name of School Nurse

\_\_\_\_\_  
Signature of School Nurse/Date