

**PEQUANNOCK TOWNSHIP SCHOOL DISTRICT
EMERGENCY ADMINISTRATION OF EPINEPHRINE
STATEMENT OF INDEMNIFICATION**

1. I am the parent or guardian of _____, a student currently enrolled in the Pequannock Township Public Schools.
2. I have provided to the Board of Education, through its administration, written certification from _____'s physician or advanced practice nurse attesting to the fact that _____ requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.
3. On _____, I provided to the Board of Education, through its administration, a current pre-filled, single dose auto-injector mechanism containing epinephrine for the use of my child, _____. The epinephrine I provided is due to expire on _____. I understand that epinephrine can only be obtained through a prescription and that I am fully responsible for keeping track of the expiration date of said epinephrine and replacing the same with another pre-filled, single dose auto-injector mechanism containing epinephrine when it has expired.
4. When required, and in accordance with the procedures specified by N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.6, I hereby consent, via this writing, to the administration of this pre-filled, single dose auto- injector mechanism containing epinephrine, which I provided to the Board of Education, to my child, _____.
5. The Board of Education, through its administration, has informed me in writing that if the procedures specified in N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.6 are followed, the Board and/or its employees or agents shall incur no liability as a result of any injury arising out of its administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child, _____.
6. This statement acknowledges that where the procedures specified in N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.6 are followed, the district shall have no liability and further acknowledges that I shall hereby 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 my child, _____.
7. I understand that the permission being granted for the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child is effective only for the school year for which such permission is granted and must be renewed for each subsequent school year.
8. I understand that, in accordance with N.J.S.A. 18A:40-12.6, the school nurse may designate, in consultation with the Board, or Superintendent, another staff member to administer epinephrine via an epi-pen when the nurse is not physically present at the scene. I further understand that, in accordance with N.J.S.A. 18A:40- 12.6(a), the designated staff member shall be properly trained in the administration of the epi-pen by the school nurse using standardized training protocols established by the Department of Education in consultation with the Department of Health and Senior Services.

Date

Parent or Guardian's Signature