

Northern Highlands Regional High School

Emergency Administration of Epinephrine By School Medical Personnel Parent/Guardian Authorization

School Year: _____ - _____

(Please Print or Type)

Student's Name: _____
Last First

Date of Birth: _____ Grade _____

I, _____, parent/guardian of my above named student, authorize the emergency administration of epinephrine via a pre-filled, single dose or double dose auto-injector mechanism for anaphylaxis in accordance with the written orders of Dr.

I understand that the law requires that should epinephrine be administered, my student will be transported to a hospital emergency room by emergency services personnel regardless of their condition even if the symptoms appear to have resolved.

I acknowledge that the school district shall have no liability for any good faith act or omission consistent with the law which results in any injury arising from the administration of epinephrine via a pre-filled, single or double dose auto-injector mechanism. I shall identify and hold harmless the Board of Education, its officers, employees or agents against any and all claims, suits or causes of action arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism.

Parent/Guardian's Signature

Date

Parents must provide:

1. Written order from physician that the pupil requires the administration of epinephrine for anaphylaxis and documentation that the pupil does not have the capability for self-administration of the medication.
2. A current pre-filled single or double dose auto-injector mechanism containing epinephrine. Parent is responsible for replacing the mechanism when it has expired or has been used.