Park Ridge Public Schools

Tel: (201) 573-6000 Ext 1100 Fax: (201) 391-6511

Signature of Principal

Date

Email: RobertGamper@parkridge.k12.nj.us

85 Pascack Road Park Ridge, NJ 07656 Robert M. Gamper, Ed. D. Superintendent of Schools

To Be Completed By Parent/Guardian: A current single dose Epinephrine auto-injector must be provided to the school for your child's use. All antihistamines and epinephrine must be brought to school by an adult and be provided in the original container. Select one to sign and date 1. I verify that my child has a potentially life threatening illness and is unable to self-administer the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the Park Ridge Public School District shall incur no liability as a result of any injury arising from the administration of medication to my child. If procedures specified by NJ law and Park Ridge Public School District policy (additional paperwork must be obtained from the nurse and completed according to district policy) are followed, I shall indemnify and hold harmless the Park Ridge Public School District and its employees or agents against any claims arising out of administration of medication to my child. Signature of Parent/Guardian Date 2. I verify that my child has a potentially life threatening illness and has been instructed in selfadministration of the prescribed medication in a life threatening situation. I hereby give permission for my child to selfadminister prescribed medication. I further acknowledge that the Park Ridge Public School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and Park Ridge Public School District policy (additional paperwork must be obtained from the nurse and completed according to district policy) are followed, I shall indemnify and hold harmless the Park Ridge Public School District and its employees or agents against any claims arising out of self-administration of medication by my child. (NJ State Assembly Act 2600 directs that students may be permitted to self-administer medication for asthma and potentially life-threatening illnesses or a life-threatening allergic reaction provided proper procedures are followed). Signature of Parent/Guardian Date Please sign I understand that under NJ state law, a trained delegate will be assigned to administer epinephrine to my child in the absence of a school nurse. Antihistamines may not be given by a delegate. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate. Signature of Parent/Guardian Date School Use Only

A district "committed to educational excellence"

Signature of School Nurse

Date