

HARMONY TOWNSHIP SCHOOL

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Christopher Carrubba
Chief School Administrator

Daryle Weiss, *Principal*

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Business Administrator

PARENTAL AUTHORIZATION FOR THE EMERGENCY ADMINISTRATION OF EPINEPHRINE BY A TRAINED DELEGATE

My/Our child, _____, has a history of severe allergic reaction to _____ and requires the administration of epinephrine when he/she has been exposed to the substance(s) named above. My/Our child is unable to self-administer the epinephrine; therefore, I/we request that the school nurse delegate and instruct another member(s) of the district staff to administer the epinephrine via a pre-filled, single dose, auto-injector mechanism when the nurse is unavailable. I/We understand that the child's physician must complete, in its' entirety, a physician authorization form before the delegation can occur. I/We also understand that it is the responsibility of the parent/guardian to provide the school with a current, pre-filled, single dose, auto-injector mechanism containing epinephrine. I/We understand that this request must be renewed each school year. When the nurse has chosen an appropriate delegate(s), and an emergency care plan for my child has been developed, I/we understand that I/we will be given the opportunity to review the plan of care and will be asked to signify my/our consent with my/our signature(s). In addition, I/we acknowledge that, provided the procedures outline in NJSA 18A:40-12.5 and the "Protocol and 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 my/our child and that I/we, the parent(s)/guardian(s), 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 my/our child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

TO BE COMPLETED BY THE SCHOOL NURSE:

EPINEPHRINE DELEGATES ASSIGNED:

1. _____

2. _____