

HAMILTON TOWNSHIP SCHOOLS
DEPARTMENT OF STUDENT SERVICES AND PROGRAMS
OFFICE OF SCHOOL HEALTH SERVICES

REQUEST FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE

The School Nurse, in consultation with the Board of Education, is permitted to select and train a designee to administer an EpiPen or Auvi-Q, to your child in the event that the nurse is not immediately available to do so, and your child is not capable of self-administration.

Please read and complete the following information:

Student's Name _____
Parents/Guardians Name _____
Emergency Telephone Numbers _____
Prescribing Physician's Name _____
Telephone Number _____

1. I consent to have the school nurse select and train a delegate to administer an EpiPen or Auvi-Q in the event the nurse is not immediately available.

_____ Yes

_____ No

2. If yes, I understand that I must:

- a) Provide written orders from a physician or advanced practice nurse that my child requires emergency administration of an EpiPen or Auvi-Q for anaphylaxis and does not have the capability for self administration.
- b) The request form for emergency administration of an EpiPen or Auvi-Q must be renewed each year.
- c) Must provide a current EpiPen or Auvi-Q.

I further acknowledge that I have been informed by the Board that if the nurse or his/her designee in accordance with N.J.S.A. 18A:40-12.5, the district, and its employees or agents shall have no liability as result of any injury arising from the administration of an EpiPen or Auvi-Q to a pupil and that I further indemnify and hold harmless the Hamilton Township School District and employees or agents against any claim arising out of the administration of the EpiPen or Auvi-Q to my child/ward.

Date

Parent/Guardian Signature

