

Form

Complete both Sides

EMERGENCY ADMINISTRATION OF EPINEPHRINE

Dear \_\_\_\_\_,  
Parent/Guardian

The Oakland Board of Education hereby informs you that if board-approved procedures are followed, the district and its employees shall incur no liability whatsoever for any and all claims, damages, losses and expenses of any kind, including reasonable attorney's fees as a result of any injury arising from the emergency administration of epinephrine.

I, \_\_\_\_\_, hereby acknowledge that, if the district procedures are followed, the district shall incur no liability whatsoever for any and all claims, damages, losses and expenses of any kind, including reasonable attorney's fees as a result of any injury arising from the emergency administration of epinephrine.

I, \_\_\_\_\_, hereby indemnify and hold harmless the district and its employees, officers or agents against any and all claims arising from the emergency administration of epinephrine.

I, \_\_\_\_\_, hereby acknowledge that if epinephrine is administered to my child, district policy and procedure require that he/she receive immediate medical care following the administration of epinephrine.

I, \_\_\_\_\_, hereby further agree to assume full financial responsibility for any and all costs in connection with the medical care provided to my child, including but not limited to, transportation expenses to and from a medical facility.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Board policy and regulation: 5141.21 Administration of Epinephrine**

Form

Complete both Sides

AUTHORIZATION FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE

Dear \_\_\_\_\_,  
Principal

I, \_\_\_\_\_, hereby authorize the Oakland board of Education to  
(name parent/guardian)

designate the school nurse, or in the school nurse's absence, \_\_\_\_\_,  
(name of designee)

or \_\_\_\_\_, his/her trained designee(s) to administer epinephrine via a  
(name of designee)

prefilled, auto-injector mechanism to my child, \_\_\_\_\_, for anaphylaxis.  
(name of child)

Attached please find the written orders from Dr. \_\_\_\_\_, my child's

physician, stating that \_\_\_\_\_ requires the administration of  
(name of child)

epinephrine for anaphylaxis via a prefilled, auto-injector mechanism.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date