



WALL TOWNSHIP PUBLIC SCHOOLS

P.O. BOX 1199 18TH AVENUE

WALL, NJ 07719-1199

Phone: (732) 556-2000

Delegation of Epinephrine

(Permission for trained personnel to administer epinephrine in the absence of the school nurse)

I acknowledge that my child _____ has a history of an allergic reaction; which may lead to anaphylaxis; a rapid, severe, life-threatening allergic reaction to:

As documented by Dr. _____.

In accordance with State Law 18A:40-12.5, I give permission for the school nurse to delegate the administration of epinephrine to my child when the school nurse is not immediately available.

I understand that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism; and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of the epinephrine via a pre-filled auto-injector mechanism.

State law mandates that once epinephrine has been administered the student must be transported to the hospital by Emergency Medical Services.

Signature of Parent/Guardian _____ Date _____

Signature of School Nurse _____ Date _____