

**PENNSAUKEN PUBLIC SCHOOLS
EMERGENCY ADMINISTRATION OF EPINEPHRINE REQUEST
PARENT PERMISSION**

Student's Name: _____ DOB _____ Date: _____

School: _____ Grade: _____

Parent/Guardian: _____ Telephone: (home) _____
(work) _____

I give my permission for my child to receive epinephrine via a pre-filled, auto-injector mechanism containing epinephrine as ordered by my physician and under the specific conditions outlined by my physician.

I understand that the school nurse shall have primary responsibility for the administration of this medication. I further understand that if the nurse is not physically present in the school building and my child should need emergency administration of epinephrine via a pre-filled, auto-injector mechanism containing epinephrine, that this medication will be administered by an individual delegated and trained by the school nurse following the protocols outlined by the New Jersey Department of Education and the New Jersey Department of Health and Senior Services.

I shall indemnify and hold harmless the school district and its employees and agents against any claims arising out of the administration of epinephrine via a pre-filled auto-injector mechanism to my child.

I understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year.

_____ Date: _____
Parent/Guardian Signature

Name of School Nurse: _____

Name of Delegate: _____