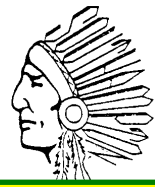


SOUTHAMPTON TOWNSHIP SCHOOLS



PERMISSION TO ADMINISTER EPINEPHRINE VIA PRE-FILLED AUTO-INJECTOR PERMISSION FOR DELEGATE

School Year _____

I verify that my child, _____, has a potentially life threatening illness that requires the administration of epinephrine for an anaphylactic reaction. I understand that I must submit to the School Nurse written orders from a healthcare provider, indicating that my child is in need of the medication. I further understand that I must supply the school with a current epinephrine pre-filled auto-injector that I will replace when it has expired or has been used. I will also pick up my child's medication at the end of the school year. I understand that this will have to be renewed annually for every school year.

I understand that the School Nurse is available during school hours, but in the event that the school nurse is not available a trained delegate(s), if appointed, will be called upon to administer this medication. Delegates may be assigned to students who are qualified to self-administer their emergency medications as well as to those who are not qualified to self-administer. I further understand that in the event that a nurse or delegate is not available 911 will be called.

Pursuant to N.J.S.A. 18A:40-12.5 I acknowledge and understand that the Southampton Township School District, its employees, including a school nurse, or any other officer or agent of a board of education shall have no liability as a result of any injury arising from the administration of the epinephrine to our child, and we indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine to my child.

I understand that if I choose to rescind this authorization that I must submit written notification to the school nurse.

Student's Parent/ Guardian: _____ Date: _____

PERMISSION FOR DELEGATE

Please pick one sign and date

1. I authorize the School Nurse to designate and train one or more employees and /or agents of the Southampton Township School District to administer Epinephrine via pre-filled auto-injector mechanism to our child in case of emergency when the school nurse is not physically present at the scene. I understand that no other medications such as antihistamine can be given by a delegate, therefore in the absence of the school nurse any antihistamine order will be disregarded and epinephrine via auto injector will be administered by the delegate as ordered by your child's Health Care Provider. I understand that no school employee, including a school nurse, or any other officer or agent of the Board of Education shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.5. With this I also give permission for the following to serve as the trained delegate(s) to give Epinephrine via auto-injector to my child:

Delegates(s) to administer epinephrine via auto injector:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Student's Parent/Guardian: _____ Date: _____

2. I do not want a trained delegate to administer epinephrine to my child in the absence of a school nurse. Therefore, in the absence of a school nurse, 911 will be called.

Student's Parent/Guardian: _____ Date: _____