NEWMARK
Education

2026-27 NEWMARK EPI PEN RELEASE FORM

Parent/Guardian Permission for Administration of the Epinephrine (EPI-PEN) by School Nurse or a delegate who has been trained and is CPR certified, in the Absence of the School Nurse.

Instructions If your student has an allergy which may require treatment with epinephrine (Epi-Pen), please print this form, complete and sign. Completed form(s) must be returned to Newmark before the start of the school year

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Student Name: _____**DOB**: _____

Address: _____**Grade**: _____

Parent Daytime Phone:_____

Allergy which may require treatment with epinephrine (Epi-Pen): _____

Name of Physician: _____

Consent for Treatment:

I hereby give permission to allow the administration of epinephrine by auto-injection (Epi-Pen) to my son/daughter, in the event of an emergency, by the Newmark School/Newmark High School Nurse, or, in absence of the School Nurse, by a trained delegate. I also allow the Newmark School/Newmark High School Nurse to share with appropriate school personnel information relative to this medication administration plan.

I understand that The Newmark School/Newmark High School shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student. In addition, I shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student. This permission is effective for the school year and must be renewed for each subsequent school year.

Parent Name: _____

Parent Signature: _____ **Date:** _____

Please return form to Newmark Main Office prior to your student's start date.