

Oakland, New Jersey

Form

AUTHORIZATION FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE

Dear _____:
(Principal)

I, _____ hereby authorize the Oakland Board of Education
(name of parent/guardian)

to designate the **School Nurse**, or, in the school nurse’s absence,
Trained School Personnel, to administer an epinephrine via a pre-filled,
auto-injector mechanism, or intranasal, to my child, _____,
(name of child)
for anaphylaxis.

***I understand in the event that the school nurse is not available, only
epinephrine may be administered by a delegate.***

Attached please find the written orders from

Dr. _____, my child’s physician, stating that
_____ requires the administration of epinephrine for
(name of child)

anaphylaxis via a pre-filled, auto-injector mechanism, or intranasal.

Parent/Guardian

Date

Board policy and regulation: 5141.21 Administration of Epinephrine

Oakland, New Jersey

Form

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 Signature)

(Date)

Board policy and regulation: 5141.21 Administration of Epinephrine