



WALL TOWNSHIP PUBLIC SCHOOLS

1620 18th Avenue · PO Box 1199
Wall Township, NJ 07719

DISTRICT HEAD NURSE: Nurse Carrie Penn, RN, BSN, CSN

DELEGATION OF EPINEPHRINE ADMINISTRATION PERMISSION FORM

Student Name: _____

Date of Birth: _____ Grade: _____

Known Allergen(s): _____

Prescribing Physician: _____

Parental Consent & Delegation

I acknowledge that my child has a documented history of severe allergic reactions that may lead to anaphylaxis (a rapid, severe, and life-threatening allergic reaction).

In accordance with State Law N.J.S.A. 18A:40-12.5, I give permission for the school nurse to delegate the administration of epinephrine via a pre-filled auto-injector mechanism to trained delegate(s) for my child in the event that the school nurse is not immediately available.

Liability Release & EMS Notice

- **Liability Release:** I understand that the school district, its employees, and its agents shall incur no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism. I agree to indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine.
- **Emergency Medical Response:** I understand that state law mandates that once epinephrine has been administered, Emergency Medical Services (EMS) will be called immediately, and my child must be transported to the nearest hospital.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____