

**AUTHORIZATION BY PARENT/GUARDIAN FOR THE
ADMINISTRATION OF EPINEPHRINE**

I hereby request that the pre-filled, single dose auto-injector mechanism containing epinephrine ordered for my child _____
by _____ and provided to the school by myself, be administered by the certified school nurse or the predetermined delegate assigned to my child.

I understand that the school nurse shall delegate, in consultation with the Chief School Administrator and the Board of Education, another employee of the school district to administer a pre-filled, auto-injector mechanism containing epinephrine. (New Jersey State Board of Nursing NJSA 18A:40-12.5 and 12.6 [P.L. 199.C3687]). I understand that, if for any reason, the certified school nurse cannot administer the epinephrine, the predetermined delegate will administer the epinephrine. I understand that, if for any reason the predetermined delegate cannot administer the epinephrine 9-1-1 will be called to support my child.

I understand that after the administration of epinephrine in the school setting, my child will be immediately transported to the nearest hospital facility for evaluation and possible treatment by the attending physician.

I give my permission for the certified school nurse to contact the above physician with regard to my child.

I understand that if the procedures specified in the NJSA 18A:40-12.5 are followed that the district of Lindenwold, the Lindenwold Board of Education or its employees or agents shall have no liability as a result of any injury arising from the administration of a pre-filled auto-injector mechanism containing epinephrine to my child.

I agree that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of a pre-filled, auto-injector mechanism containing epinephrine to my child. I shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of a pre-filled, auto-injector mechanism containing epinephrine to my child.

PRINT PARENT NAME: _____

ADDRESS: _____

PHONE: _____

DATE: _____

SIGNATURE

RELATIONSHIP TO CHILD

*This Authorization is effective only for the school year in which it is granted. N.J.S.A. 18A:40-12.5