

Parents/Guardians

A current single dose Epinephrine auto-injector must be provided to the school for your child's use as prescribed. Any Antihistamines and/or Epinephrine medication must be brought to school by an adult, and be provided in the original labeled container/packaging. A back-up Epinephrine auto-injector (may) will be requested.

Select ONE to sign and date

1. I verify that my child _____ has a potentially life threatening illness and **has been instructed in self-administration** of the prescribed medication in a life threatening situation. **I hereby give permission for my child to self-administer prescribed medication.** I further acknowledge that the Old Bridge Township School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child. *If procedures specified by NJ law and Old Bridge Township School District policy are followed,* I shall indemnify and hold harmless the Old Bridge Township School District and it's employees or agents against any claims arising out of self-administration of medication by my child.

2. I verify that my child _____ has a potentially life threatening illness and is **UNABLE to self-administer the prescribed medication** in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the Old Bridge Township School District shall incur no liability as a result of any injury arising from administration of the medication to my child. *If procedures specified by NJ law and Old Bridge Township School District are followed,* and I shall indemnify and hold harmless the Old Bridge Township School District and its employees or agents against any claims arising out of administration of medication to my child.

Signature of Parent/Guardian

Date

Please sign

1. I understand that as per NJ state law every effort will be made to secure a trained delegate to administer Epinephrine auto-injector to my child **in the absence of a school nurse**. If your physician recommends administration of an antihistamine prior to administration of epinephrine, the physician must order it. In those instances, if your child can self-administer the epinephrine, they can also self-administer the antihistamine. A delegate cannot administer the antihistamine and in the absence of the school nurse no medication will be given for any antihistamine order(s). The parent/guardian will be notified in these cases.
2. I will contact the school if my child is attending any school-sponsored activity outside of regular school hours without an accompanying parent/guardian.
3. I give permission for the exchange of information between the school nurse, my child's physician and staff members with direct responsibility for my child in school or school activities.

Parent Signature

Date

SCHOOL USE ONLY

Trained delegate employees/Room #

Location of Epinephrine Auto-injector(s)

____ **Health Office**
____ **Principal's Office**
____ **Student**
____ **Classroom(s)** _____
____ **Other** _____

Signature of Principal

Signature of School Nurse