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. Antihistamines may not be given by a delegate. In the absence of a school nurse, no medication will be given for any antihistamine order(s) and parents/guardian will be notified.

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