

EMERGENCY MANAGEMENT OF ANAPHYLAXIS

EPINEPHRINE PERMISSION SLIP

I, _____, do hereby give my
(PRINTED NAME OF PARENT/GUARDIAN)
consent/permission for the school nurse or her designee, _____, to
(NAME)
administer the medication prescribed in the attached written certification from our physician or
advanced practice nurse to my child, _____.
(NAME OF CHILD)

I hereby certify that I have provided the school with a written certification from our physician or advanced practice nurse which sets forth the following: a) name of my child; b) medication which was prescribed to my child; c) dosage and time schedule for the administration of the medication; d) diagnosis of the condition for which the medication has been prescribed; e) that my child requires the administration of this medication and is not capable of administering this medication himself/herself.

I hereby acknowledge and understand that if proper procedures are followed, as specified in N.J.S.A. 18A:40 12.5 and 12.6, neither the school, nor its employees or agents shall incur any liability whatsoever as a result of any injury arising from the administration of the prescribed medication to my child.

I hereby acknowledge and understand that if proper procedures are followed, I shall indemnify and hold harmless the school, its employees or agents, against any claims arising out of the administration of the prescribed medication to my child.

I hereby acknowledge and understand that this consent/permission shall be effective for this school year only and that this form, along with the requirements contained herein, must be renewed for each subsequent school year.

I understand it is my responsibility to provide a current, pre-filled, single dose auto-injector mechanism containing epinephrine.

(DATE)

(PARENT/GUARDIAN SIGNATURE)