

## AUTHORIZATION TO ADMINISTER EPINEPHRINE

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

(To Be Completed by Physician or Advanced Practice Nurse)

The student named above requires administration of epinephrine for anaphylaxis, and does not have the capability to self-administer the medication.

Dosage: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Description of Emergency Situation: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(SIGNATURE OF PHYSICIAN OR ADVANCE PRACTICE NURSE)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION AND ACKNOWLEDGMENT

I/We hereby authorize the school to administer epinephrine via epi-pen to the student name above, in accordance with New Jersey law and the school policy stated below, as stated in the orders of the physician/advanced nurse above. This authorization includes the school nurse or, in the absence of the school nurse, another school employee designated and trained by the school nurse in accordance with New Jersey law.

I/We acknowledge receipt of written notice from the school that, provided the procedures set forth in New Jersey law and School policy are followed, the school and its employees or agents shall have no liability as a result of any injury arising from administration of the epi-pen to the student. I/We understand and agree that the school and its employees or agents shall have no liability as stated in the written notice. I/We further agree to indemnify and hold harmless the school and its employees or agents against any claims arising out of administration of the epi-pen to the student.

I/We understand this authorization and these agreements are effective for the duration of the current school year.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)