

Woodland Park Public School District

**Parental Authorization for the Emergency Administration of Epinephrine by
School Nurse and Delegates**

I authorize the School Nurse and/or a person delegated by the School Nurse when the School Nurse is not available to administer a pre-filled auto-injector mechanism containing epinephrine to my child, _____ (name, grade), if my child is experiencing anaphylaxis and does not have the capability for self-administration of the medication.

I understand, that if the procedures in N.J.S.A. 18A:40-12.5 and 12.6 and procedures specified in the "Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate trained nu the School Nurse" are followed, Woodland Park Public School District, its employees and/or agents and the school nurse, against any claims resulting from the administration of the pre-filled, single dose auto-injector mechanism containing epinephrine to my child.

I have discussed this protocol with my child's primary health care provider, Dr. _____, and will ensure completion of all the required forms.

Signature of Parent/Guardian

Date

Self-Administration of Epinephrine

My child _____ (name, grade) is capable of self-administration of epinephrine via pre-filled auto-injector.

Signature of Parent/Guardian

Date

Declination Statement:

I have read the Policy for the Administration of Epinephrine in the Schools and I do not want the school nurse and/or delegate to administer epinephrine to my child _____ (name, grade). I understand that in the event of an anaphylaxis emergency the school nurse will contact 911 and the student will be transported to the nearest medical facility for treatment. School personnel will notify the parents/guardians as soon as possible that an anaphylactic reaction has occurred.

Signature of Parent/Guardian

Date