

**New Providence Board of Education
356 Elkwood Avenue
New Providence, New Jersey 07974**

**PARENT/GUARDIAN AUTHORIZATION FOR
ADMINISTRATION OF EPINEPHRINE BY AUTO-INJECTOR MECHANISM**

To be completed by parent/guardian:

Student _____ Grade/Class _____

1. I am the parent/legal guardian of the above-named student.
2. My child has a potentially life-threatening allergy that could result in anaphylaxis. I request the emergency administration of epinephrine by use of an auto-injector mechanism or EpiPen, in the event of an anaphylactic reaction.
3. I consent to the administration of the EpiPen to my child for anaphylaxis by a school nurse.
4. I also request the designation of an Epi Pen trained employee of the district to administer the EpiPen to my child when the school nurse is not physically present at the scene. If such an individual is designated, I also consent to the administration of the EpiPen by the designated individual.
5. I acknowledge my understanding that the Board and its employees and agents shall not be liable as a result of injury arising from the administration of the EpiPen to my child and that I shall indemnify and hold the Board and its employees and agents harmless against any claims arising out of the administration of the EpiPen to my child.
6. I understand that as a condition of the Board granting this request, I must provide to the Board a written order signed by my child's physician or advanced practice nurse certifying that my child requires the administration of epinephrine for anaphylaxis.
7. I understand that the written order must also contain the following information:
 - the purpose of the medication;
 - the dosage;
 - the time at which the medication shall be administered;
 - the length of time for which medication is prescribed; and
 - the possible side effect of the medicine.
8. I understand that I must bring to the school nurse a current, pre-filled auto-injector mechanism containing epinephrine.
9. I understand that I am responsible for replacing the medication when it expires or when otherwise necessary. I agree to pick up any unused medication at the end of the school year, when the medication becomes outdated, or when the medication is no longer necessary, which ever comes first.
10. I acknowledge that I have been informed that permission for administration of the medication will be effective only for the school year in which it is granted but may be renewed by the Board for each

subsequent school year upon fulfillment of the requirements set forth in this form in accordance with the Board's policy on the administration of medication.

DATE

SIGNATURE OF PARENT OR GUARDIAN

**IF YOUR CHILD HAS PHYSICIAN AUTHORIZATION TO SELF-ADMINISTER EPINEPHRINE,
PLEASE SIGN BELOW:**

1. I request that my child be permitted to carry and self-administer a pre-filled auto-injector containing Epinephrine during school hours or at after-school/off site school functions provided that he/she does not endanger himself or other persons through misuse.
2. I acknowledge my understanding that the Board and its employees and agents shall not be liable as a result of any injury arising from the self-administration of the medication and that I shall indemnify and hold the Board and its employees and agents harmless against any claims arising out of the self-administration of medication by my child.
3. I understand that as a condition of any permission granted, I must provide to the Board a written order signed by my child's physician or advanced practice nurse certifying that my child has a potentially life threatening condition and is capable of, and has been trained in, the proper method of self-administration of medication.
4. I understand that before my child will be permitted to self-administer , I must provide the school nurse an additional EpiPen.

DATE

SIGNATURE OF PARENT OR GUARDIAN