

HOPE TOWNSHIP SCHOOL

**PARENTAL REQUEST FOR THE DELEGATION OF EMERGENCY
ADMINISTRATION OF EPINEPHRINE**

My child _____, has a history of a severe allergy to _____ and may require the administration of epinephrine when he/she has been exposed to the substance above. I request that the school nurse delegate and instruct another member(s) of the district staff to administer the epinephrine via a pre-filled, single dose auto-injector mechanism when the nurse is unavailable. I understand that it is the responsibility of the parent to provide his/her child with a current, pre-filled, single dose auto-injector mechanism containing epinephrine. I understand that this request must be renewed each academic year. When the school nurse has chosen an appropriate delegate(s) and an emergency care plan for my child has been developed, I understand that I will be given the opportunity to review the plan of care and will be asked to signify my consent with my signature. In addition, I acknowledge that, provided the procedures outlined in N.J.S.A. 18A:40-12.5 and the “Training Protocols for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse” are followed, the district shall have no liability as a result of any injury arising from the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child and that we, the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of a prefilled, single dose auto- injector mechanism containing epinephrine to our child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date