



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

My child, \_\_\_\_\_, date of birth \_\_\_\_\_, has a history of a severe allergy to \_\_\_\_\_ and requires the administration of epinephrine when he/she has been exposed to the above substance(s).

\_\_\_\_\_ I decline a volunteer delegate for my child.

\_\_\_\_\_ I request and consent for the School Nurse to delegate and instruct another (volunteer) member(s) of the district staff to administer the epinephrine via a pre-filled auto-injector mechanism when the nurse is unavailable during school hours or school sponsored activities.

I understand that my physician must complete, in its entirety, a physician authorization form before the delegation can occur. I also understand that it is the responsibility of the parent/guardian to provide the school with two (2) current, pre-filled auto-injector mechanisms 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 review that plan of care and will signify my consent with my signature. In addition, I acknowledge that, provided the procedures of P.L. 2007, Chapter 57, C.18A:40-12.6 are followed, the district shall have no liability as a result of any injury arising from the administration of a pre-filled 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 pre-filled, auto-injector mechanism containing epinephrine to my child.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

If I have requested and consented for a delegate, I understand that, as Parent/Guardian, it is my responsibility to notify the School Nurse of all school-sponsored clubs and activities that my child is participating in annually. I will notify her of any changes in these school-sponsored clubs/activities as they occur throughout the school year.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I am aware that the dose of epinephrine **MUST** match the physician order, or the school nurse or delegate may not administer the medication.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I am aware that if my child may **not** carry the EpiPen per physician order, then I must bring the medication into the school.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

