

Parental Authorization to Administer Medication

This release dated _____, 20____, is submitted by _____
(Names of Parent/Guardian)
on behalf of their minor child _____, to the Kearny Board of
(Name of Student)
Education, 172 Midland Avenue, Kearny, New Jersey 07032.

Whereas, _____, (hereinafter referred to as "student") has a medical condition that requires the possible need for epinephrine; and

Whereas, Parent/Guardian has provided to the school an: () Epi-pen () Auvi-Q
(Select one)
in the event that immediate administration of epinephrine is necessary; and

Whereas, Parent/Guardian understands and has approved the selection of a designee to administer the Epi-pen in the event that the school nurse is unavailable:

The parties agree as follows:

1. The parent/guardian acknowledges and understands that volunteer delegates will be trained, using standardized training protocols established by the New Jersey Department of Education in consultation with the Department of Health and Senior Services, in accordance with the Guidelines for the Management of Life-Threatening Food Allergies in Schools, and pursuant to N.J.S.A. 18A:40-12.5 and 12.6, to administer epinephrine via a pre-filled auto-injector mechanism.
2. The parent/guardian acknowledges and understands that the Kearny School District shall have no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism.
3. The parent/guardian acknowledges and agrees to indemnify and hold harmless the Kearny School District and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student.

PRINT – Parent/Guardian Name

Signature of Parent/Guardian