

WASHINGTON TOWNSHIP PUBLIC SCHOOLS
Department of Student Services

CONSENT FORM AND NOTICE FOR
ADMINISTRATION OF EPINEPHRINE VIA EPI-PEN
(To be completed in conjunction with Attachment A)

Pupil's Name: _____ School: _____ School Year: _____

SECTION A: Parent's Consent and Acknowledgements

I (we), _____, (parent's/legal guardian's name) hereby consent to the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to our child, _____, (child's name) by the certified school nurse or designee and/or additional staff members who have volunteered and have been trained as delegates for the administration of epinephrine.

I (we) have provided the school with written authorization for the administration of epinephrine with written orders from the physician or an advanced practice nurse that our child requires the administration of epinephrine for anaphylaxis.

I (we) understand that if the procedures as outlined in Board of Education Policy 5330 and the New Jersey Administrative Code and Title 18A (copies of which have been provided to me (us)) are followed, the Washington Township Board of Education and its employees and agents shall have no liability as a result of any injury arising from the administration of epinephrine via epi-pen to my child.

I (we) further agree to indemnify and hold harmless the Washington Township Board of Education and its employees and agents against any claims arising out of the administration of epinephrine via epi-pen to our child.

Signature of Parent(s)/Legal Guardian:

Mother/Legal Guardian Date

Father/Legal Guardian Date

Name, Address, and Phone Number of Child's Physician:

Phone Street Address City, State, Zip