BRIDGEWATER-RARITAN REGIONAL SCHOOL DISTRICT

PARENT/GUARDIAN AUTHORIZATION FOR A STUDENT TO RECEIVE EMERGENCY ADMINISTRATION OF EPINEPHRINE FOR ANAPHYLAXIS VIA AN AUTO-INJECTOR SINGLE DOSE MECHANISM BY AN EMPLOYEE DESIGNATED AND TRAINED BY THE SCHOOL NURSE

THIS AUTHORIZATION MUST BE RENEWED EACH SCHOOL YEAR.

School	Date	
Name of Student	Grade	
Homeroom Teacher		
recognizes that students with a history	and 12.6, P.L. 1997, c.368, Bridgewater- y of anaphylaxis (as documented by a p ministration of epinephrine for anaphyla	hysician or advanced practice
The school nurse may delegate the ta dose mechanism to an employee cho	ask of emergency administration of epinesen and trained by the school nurse.	ephrine via an auto-injector single
N.J.S.A. 18A:40-12.5 are followed, the administration of a pre-filled single do shall indemnify and hold harmless the administration of a pre-filled single do	named student, I/we hereby acknowledge district shall have no liability as a resu se auto-injector mechanism containing district and its employees or agents agse auto-injector mechanism containing above-named student does not have the	It of any injury arising from the epinephrine to the student. I/we ainst any claims arising out of the epinephrine to the above-named
Signature of Parent/Guardian	Printed Name	Date
the "Protocol & Implementation Plan f the School Nurse" are followed, the di administration of a pre-filled single do shall indemnify and hold harmless the	named student, I/we hereby acknowledger the Emergency Administration of Epitestrict shall have no liability as a result of see auto-injector mechanism containing district and its employees or agents agose auto-injector mechanism containing	nephrine by a Delegate Trained by f any injury arising from the epinephrine to the student. I/we lainst any claims arising out of the
Signature of Parent/Guardian	Printed Name	Date

As the parent/guardian, I/we hereby give consent for a delegate to be selected and trained by the school nurse in the "Protocol & Implementation Plan for Emergency Administration of Epinephrine by a Delegate". Emergency epinephrine will be administered via an auto injector mechanism, according to Bridgewater-Raritan district policy to my child.

Child's Name		Designated Individual	
Signature of Parent/Gu	ardian Prin	ted Name	Date
I understand that it is my respondered practice nurse requ			
I also understand that it is my	responsibility to provide th	e school nurse with a	a current auto-injector single do
•			, ,
epinephrine and replacement Signature of Parent	as necessary.	Printed N	
epinephrine and replacement	Guardian		
epinephrine and replacement Signature of Parent	Guardian		
epinephrine and replacement Signature of Parent	Guardian elephone: Home		Name

This completed form must be brought to the school nurse by the parent/guardian with the medication in the original container appropriately labeled by the pharmacy or physician.