

**Moorestown Township Public Schools  
Moorestown, New Jersey**

**PERMISSION FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE**

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I, the parent/guardian of \_\_\_\_\_, authorize my child,  
(Name of Student)

a pupil at \_\_\_\_\_ School to be administered a pre-filled, single dose auto-injector mechanism containing epinephrine (provided by me) prescribed by our physician or nurse practitioner as described below for anaphylaxis since he/she does not have the capability for self-administration of the medication.

\_\_\_\_\_ has been designated to

(Name of Designee)

administer a pre-filled, single dose auto-injector mechanism containing epinephrine for anaphylaxis to my child. The designee has been properly trained by the school nurse using the "Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse" established by the Department of Education in consultation with the Department of Health and Senior Services. A teacher may be a delegate on some field trips.

I understand that this permission is valid only for this school year and must be renewed for each school year, should my child's condition require it. **I further understand that neither the Board of Education, any district employee, chief school administrator of a nonpublic school, nor nonpublic school employee shall be responsible for any liability as a result of any injury arising from the emergency administration of epinephrine to my child and that I shall indemnify and hold harmless the district or nonpublic school and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child.**

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

\_\_\_\_\_  
Date