

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
OFFICE OF THE SCHOOL NURSE
CONSENT FOR ADMINISTRATION OF EPINEPHRINE AND DELEGATE**

Student: _____
Grade: _____

Birthdate: _____
Teacher: _____

I agree that the district shall have no liability as a result of injury arising from the administration of Epinephrine by the employees and agents to my child. I agree that if the specified procedures are followed, I shall indemnify and hold harmless the district, its employees and agents against any claims arising out of the administration of a pre-filled single dose mechanism containing Epinephrine to my child.

Parent/Guardian Signature

Date

PERMISSION FOR A DELEGATE:

I consent to the administration of Epinephrine via a pre-filled single dose auto-injector mechanism by the school nurse or a delegate trained by the school nurse.

This permission is valid for the present school year only.

Parent/Guardian Signature

Date

DECLINE DELEGATE:

I do not want a delegate trained for the administration of emergency Epinephrine to my child. I understand that if the school nurse is not present, 911 will be called and treatment will begin upon the arrival of emergency services.

Parent/Guardian Signature

Date