



Office of School Nurse
Canfield Avenue School
Mine Hill, NJ 07803-3085
Phone: 973-366-0590 (Ext. 115)
Fax: 973-366-0594

Administration of Epinephrine
Parental Consents

Student's Name_____ **Date of Birth**_____

School Nurse:

I request that the school nurse administer epinephrine to my child as ordered by my physician. I will supply the medication in the original container. I will notify the school nurse promptly of any changes in status.

Date_____ Parent signature _____

Self-Administration of Medication

Please complete if your child is carrying his/her own auto-injector
I verify that my child has my permission to self administer the auto-injector.
Certification **MUST** be provided from the child's physician acknowledging that the student has been instructed in the proper method of self-administration of medication.

Date_____ Parent signature_____

Designee of School Nurse

This is to certify that the designees of the school nurse who have been properly trained in the administration of epinephrine have my permission to medicate my child.

Date_____ Parent signature_____

Waiver of Liability (this waiver must be signed by parent/guardian in order for administration of medication by nurse, designee, or self-administration)

I agree that if proper medical procedure and Board policy are followed, the district and its employees shall incur no liability as a result of any injury.

Date_____ Parent signature_____