

SCHOOL NURSE PROGRAM

Camden County Non-Public Schools

PARENT PERMISSION FORM for DELEGATING EPI-PEN ADMINISTRATION

Student Name _____ D.O.B. _____

I give permission for the school nurse or her trained delegate to administer an Epi-pen or an Epi-pen jr. to my child _____, for the treatment of anaphylaxis as identified by my child's doctor. I understand that if the school nurse is not available, a trained delegate will administer the Epi-pen. I also realize that if for some reason, neither the school nurse nor the trained delegate is available, 911 will be called.

I acknowledge that if the established protocols are followed, the Southern New Jersey Perinatal Cooperative, _____ School and its employees shall have no liability as a result of any injury arising from the administration of the Epi-pen to my child. I indemnify and hold harmless the school and its employees or agents against any claim arising out of the administration of the Epi-pen to my child.

I also understand that this permission is effective for this school year only, and must be renewed for each subsequent school year.

Name of Delegate: _____

Parent's Signature: _____ Date: _____

Epi-2