

POMPTON LAKES SCHOOLS
POMPTON LAKES, NEW JERSEY

EMERGENCY ADMINISTRATION OF EPINEPHRINE

Dear Parent / Guardian:

You have requested that your child be administered epinephrine in the event that he/she suffers from anaphylaxis while at school or at school sponsored activities. Pursuant to Public Law 1997, c. 368, the Pompton Lakes Board of Education (the "Board"), has developed a policy for the emergency administration of epinephrine for anaphylaxis. Enclosed is an authorization form authorizing such administration by the school nurse, or in the school nurse's absence, his/her designee. Kindly complete the enclosed delegate authorization form and return it to the principal of your child's school. In addition, in accordance with the policy, the Board hereby informs you that if the Board approved procedures in the policy are followed, the Pompton Lakes Public School District and its officers, employees or agents shall incur no liability whatsoever for any and all claims, damages, losses and expenses of any kind, including reasonable attorneys' fees, as a result of any injury arising from the emergency administration of epinephrine to your child. Kindly sign the statement below indicating your understanding of this and agreeing to indemnify and hold the Board harmless.

Pompton Lakes Board of Education

I hereby acknowledge that, if the Board approved procedures are followed, the Pompton Lakes School District and its officers, employees or agents shall incur no liability whatsoever for any and all claims, damages, losses and expenses of any kind, including reasonable attorneys' fees, arising from the emergency administration of epinephrine to my child.

I hereby indemnify and hold harmless the Pompton Lakes School District and its officers, employees or agents against any and all claims, damages, losses and expenses of any kind, including reasonable attorneys' fees, arising from the emergency administration of epinephrine to my child.

I hereby authorize the Pompton Lakes Board of Education to designate the school nurse, or in the school nurse's absence, his/her trained designee(s), to administer an epinephrine auto-injector to my child for anaphylaxis. Attached please find the written orders from my child's physician, stating that my child requires the administration of epinephrine for anaphylaxis.

Parent / Guardian

Child's Name

Designee

Designee

Designee

Date

POMPTON LAKES SCHOOLS
POMPTON LAKES, NEW JERSEY

**AUTHORIZATION FOR EMERGENCY
ADMINISTRATION OF EPINEPHRINE**

Dear Mr. Herninko:

I, _____, hereby authorize the Pompton
(name of parent / guardian)
Lakes Board of Education to designate the school nurse, or, in the school nurse's absence,

(name of designee) (name of designee)

_____, her trained designee(s), to administer an
(name of designee)

epinephrine auto-injector to my child, _____
for anaphylaxis. (name of child)

Attached please find the written orders from _____,
my child's health care provider, stating that my child requires the administration of
epinephrine for anaphylaxis.

Parent / Guardian

Date

(name of designee)

(name of designee)

(name of designee)