

**GREAT MEADOWS REGIONAL SCHOOL DISTRICT
PARENTAL REQUEST AND ACKNOWLEDGMENT FOR PRE-FILLED AUTO INJECTOR MECHANISM
ADMINISTRATION WHEN NURSE IS UNAVAILABLE**

Student's Name: _____ School: _____

I/We, _____, give permission for a trained, delegated, non-medical person to administer epinephrine via pre-filled auto injector mechanism to my child when needed and a nurse is not present. My/Our child is allergic to: _____.

I/We understand that when epinephrine is administered to my child, EMS 9-1-1 will be immediately activated and EMS will transport my child to the hospital.

I/We am/are aware that if my/our child's physician has ordered a second dose of epinephrine via pre-filled auto injector mechanism, special considerations must be made pertaining to the second dose being administered by the delegate. I/We have been notified that the NJ Department of Health and Senior Services states the Training Protocols for the Emergency Administration of Epinephrine (September 2008) that:

In some circumstances a second administration of epinephrine may be necessary. The school nurse, who is responsible for delegating the administration of epinephrine, must determine that the delegate is competent to administer a second dose of epinephrine in accordance with the written orders from the medical home, the policies and procedures of the district or nonpublic school and the circumstances involved in the emergency.

In accordance with Board Policies 5330 and 5331, and N.J.S.A. 18A:40-12.5 et. seq., I/we have been advised and acknowledge that the Great Meadows School District, its employees and agents, including but not limited to First Student, Inc., its employees, agents and officials, shall have no liability as a result of any injury to my child that is caused by or arises out of the administration of epinephrine via a pre-filled auto injector mechanism. I/We hereby release, indemnify, and hold harmless the Great Meadows Regional School District, its officials and employees and First Student, Inc. its parents, affiliates, employees, designated personnel, or agents from any and all liability for damages or injury resulting directly or indirectly from this authorization including any negligence on their part. I/We am/are aware that such injection will be administered by a non-health professional. For this reason only pre-measured doses of epinephrine (EpiPen auto-injector mechanism) provided to the District by the Parent/Guardian shall be administered under this agreement.

I/We understand and acknowledge that the permission provided by this form is good for the current school year only and must be renewed for each subsequent school year, and that a copy of this consent will be provided to First Student, Inc.

Parent/Guardian

Date