

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

HEALTH SERVICES

**PARENT'S CONSENT FOR TRAINED DELEGATE TO ADMINISTER  
EPINEPHRINE VIA PRE-FILLED AUTO-INJECTOR MECHANISM**

Attention School Nurse:

In the event that the school nurse is unavailable, I give permission for a designee, selected and trained by the school nurse, to administer Epinephrine via pre-filled auto-injector mechanism to my child \_\_\_\_\_, grade \_\_\_\_\_, if an emergency situation indicating the need for it should arise.

I understand that the school district, its employees or agents, shall have no liability as a result of any injury arising from the administration of Epinephrine to the pupil, and that I shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of Epinephrine to my child.

This permission is effective for this school year \_\_\_\_\_ only.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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OR

I do **NOT** give permission for a designee to administer Epinephrine via a pre-filled auto injector mechanism to my child in the event that my child should exhibit untoward symptoms due to an allergic reaction.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date