

**PITTSGROVE TOWNSHIP SCHOOL DISTRICT
PARENTAL REQUEST AND ACKNOWLEDGEMENT FOR PRE-FILLED AUTO INJECTOR
MECHANISM ADMINISTRATION WHEN NURSE IS UNAVAILABLE**

Student Name: _____ School: _____

_____ give(s) 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/our 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 in 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 the 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 Policy 5141.21 and N.J.S.A. 18A:40-12.5 et seq., I/We have been advised and acknowledge that so long as the specified procedures in Board Policy 5141.21 are followed, the Pittsgrove Township School District, its employees and agents 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 further understand and acknowledge that so long as the specified procedures in Board Policy 5141.21 are followed, I/we shall indemnify and hold the Pittsgrove Township School District, its employees and agents harmless against any claims arising out of or related to the administration of epinephrine via a pre-filled auto-injector mechanism to my child.

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.

Parent/Guardian

Date