

Lodi Public Schools
Lodi, New Jersey

Lodi Public Schools Permission Slip
and
Hold Harmless Agreement Administration of Epinephrine

I (we), the undersigned parent/guardian of _____ request that the school nurse administer, as per the written orders of Dr. _____, epinephrine via an epi-pen, provided by me, to my child named above.

I have read the attached Lodi Board of Education Policy #5330 and fully understand that:

1. I must provide a filled single dose auto injector mechanism containing epinephrine.
2. The doctor's order must provide the name of the medication, the purpose of its administration, it's proper timing, it's dosage, it's possible side effects, and the date of discontinuance.
3. The written orders from your physician must state that the above-named student requires the administration of epinephrine via the epi-pen for anaphylaxis and is unable to self-administer.

I (we) _____ hereby acknowledge that if the Lodi Board of Education procedures are followed, the Lodi Board of Education shall incur no liability whatsoever for any and all claims, damages, losses, and expenses of any kind including reasonable attorney's fees as a result of any injury which arises from the emergency administration of an epi-pen as prescribed my physician. I hereby indemnify and hold harmless the Lodi Board of Education and its employees, officers, or agents against any and all claims arising from the emergency administration of the epi-pen.

You are hereby given notice that none of the schools in the Lodi Public School District has an appointed designee to administer said epi-pen if the school nurse is unavailable. In such an event the 911 procedure will be implemented. Your signature indicates you have read and are aware of the above and agree for the school nurse to release your child's name to the appropriate individuals in the school so that they are aware and can implement the 911 procedure in the event the school nurse is unavailable. These individuals may include but not be limited to the principal, vice principal, director of food services, physical education teacher and coaches, secretary, and classroom teachers.

I hereby acknowledge our full understanding of and agree to the above by my signature below.

Date: _____

Signature of Parent/Guardian: _____