

# CRESSKILL PUBLIC SCHOOLS

*"a place to learn among caring people"*

## AUTHORIZATION FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE

To: \_\_\_\_\_  
(principal)

I, \_\_\_\_\_ hereby authorize the Cresskill Board of  
(name of guardian)  
Education to designate a school nurse or in her absence, \_\_\_\_\_ the  
(name of designee)  
trained designee, to administer the epi-pen to my child, \_\_\_\_\_, for  
(name)  
anaphylaxis. Attached please find the written orders from Dr. \_\_\_\_\_,  
my child's physician, stating that \_\_\_\_\_ requires the  
(child's name)  
administration of epinephrine for anaphylaxis via an epi-pen and does not have the ability  
to self-medicate.

The Cresskill Board of Education hereby informs you that if procedures  
prescribed by N.J.S.A. 18a: 40-12.5 and N.J.S.A. 18a:40-12.6 are followed, the District  
and its employees, officers, agents, and servants 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 epi-  
pen to your child.

I, \_\_\_\_\_, hereby acknowledge that, if the statutory  
(name of parent/guardian)  
procedures prescribed by N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.6 are followed,  
the Cresskill Board of Education and its employees, officers, agents, and servants shall be  
released, indemnified, held harmless, and 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 which arises from the emergency administration of epi-pen to my  
child, \_\_\_\_\_.

\_\_\_\_\_  
Parent/ Guardian Name  
(please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
School Physician's Signature

\_\_\_\_\_  
Date