

**Lafayette Township School
178 Beaver Run Road
Lafayette, NJ 07848
973-875-3344 fax 973-875-3066**

Consent for Epi-Pen or Adrenalin Administration by the School Nurse

I acknowledge that if the procedures specified in N.J.S.A. 18A: 40-12.5 are followed, the Lafayette Township School District shall have no liability as a result of any injury arising from the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my son/daughter _____ and that I shall indemnify and hold harmless the Lafayette Township School District and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine.

Parent/Guardian Signature Date

Witness Signature Date

Consent for Epi-pen Administration by Delegates

I acknowledge that if the procedures specified in the "Protocol and Implementation Plan for Emergency Administration of Epinephrine by a delegate trained by the School Nurse" are followed, the Lafayette Township School District shall have no liability as a result of any injury arising from the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my son/daughter _____ and that I shall indemnify and hold harmless the Lafayette Township School District and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Sincerely,

Lillian MacRae
Certified School Nurse