## PERMISSION TO ADMINISTER EPI-PEN

I, the undersigned parent or guardian
(Name)
give permission for the school nurse or his/her designee to administer epinephrine via the
prescribed epi-pen to my child
(Name)
I have provided the needed written prescriptions or orders from my physician
which states that the child requires the epi-pen for anaphylaxis. My child is incapable of
administering the epi-pen him/herself.
I,, hereby acknowledge that, if the
South Bergen Jointure Commission procedures are followed, the District 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 which arises from the
emergency administration of the epi-pen. I,
hereby indemnify and hold harmless the South Bergen Jointure Commission and its
employees, officers or agents against any and all claims arising from the administration
of the emergency administration of the epi-pen.
Parent or Guardian

Date: