

KENILWORTH PUBLIC SCHOOL

Parental Consent for Administration of Epinephrine

I permit the following designated person(s) to administer Epinephrine, in an emergency, to my child in the absence of the school nurse: Please note the delegates are subject to change. You will be notified if there are any changes in delegates.

_____	_____
_____	_____
_____	_____
_____	_____

Location of Epinephrine:

_____	With Student
_____	With Nurse
_____	Other

Legal Statement from the Kenilworth Board of Education:

I/We expressly grant the Kenilworth Board of Education school nurses or designee(s) with the authority to administer epinephrine to the named student via an epi-pen or other pre-filled auto-injector mechanism. I/We hereby acknowledge and understand that upon following Board protocol the Kenilworth Board of Education its employees and agents shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism by the school nurse or designed(s) to the named student. I/We acknowledge and understand that the Kenilworth Board of Education, its employees and agents shall be indemnified and held harmless against any and all claims arising out of the administration of the epi-pen or other pre-filled auto-injector mechanism to the named student, including but not limited to all liability for any injuries that may result from the administration of such medication. I/We acknowledge and understand that the Kenilworth Board of Education, its employees, and agents shall be indemnified and held harmless against any and all claims arising out of the named student's self-administration of the epi-pen or other pre-filled auto-injector mechanism, including but not limited to all liability for any injuries that may result from the administration of such medication.

Parent Signature: _____

Date: _____

Print Name: _____