

WESTFIELD PUBLIC SCHOOLS  
302 Elm Street \* Westfield, NJ 07090

**Epinephrine Auto-injector Parent Consent**

I give permission for the school nurse to designate trained epinephrine delegates for my child \_\_\_\_\_ in the absence of the school nurse or substitute nurse. I further agree to indemnify and hold harmless the Westfield Public School district and school employees from any claims arising from administration of the epinephrine auto-injector to my child.

I have been informed and understand that the Westfield Public School district has no liability as a result of any injury arising from the proper administration of the epinephrine auto-injector used for the emergency administration of epinephrine to my child for anaphylaxis.

The permission for the emergency administration of epinephrine via auto-injector to pupils for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

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

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

\_\_\_\_\_  
Date