

MARLBORO TOWNSHIP BOARD OF EDUCATION
1980 TOWNSHIP DRIVE
MARLBORO, NEW JERSEY 07746-2298

**SELF-ADMINISTRATION OF INHALER OR EPI-PEN
WAIVER OF LIABILITY**

I/We, parents of _____, in our personal capacities and as the parents and natural guardians of said child request that the Marlboro Township School District permit our child to carry and use an inhaler or epi-pen while on school property or while off school property at an approved school event. I/We agree to comply with the regulations of the school district and in consideration of the privilege extended to us and our child, we hereby agree to release, indemnify and hold harmless the Board of Education of the Marlboro Township School District and its officers, employees and servants from and against any and all losses, claims, damages or expenses arising from our growing out of the acceptance by the Board, its officers, employees and servants shall incur no liability as a result of any injury arising from the self-administration of the inhaler or epi-pen by our child.

I/We also agree to provide an additional inhaler or epi-pen identical to the one which the pupil is authorized to carry, which shall be retained by the school nurse in accordance with school policy.

Parent/Guardian Signature

Date

****PERMISSION TO SELF-ADMINISTER MUST BE RENEWED EACH YEAR.****
THIS DOCUMENT MUST BE EXECUTED NO EARLIER THAN JULY 1, OF THE INCOMING SCHOOL YEAR.