



**Office of School Nurse**  
Canfield Avenue School  
Mine Hill, NJ 07803-3085  
Phone: 973-366-0590 (Ext. 115)  
Fax: 973-366-3881

Administration of Epinephrine  
Parental Consents

**School Nurse:**

I request that the school nurse administer epinephrine to my child as ordered by my physician. I will supply the medication in the original container. I will notify the school nurse promptly of any changes in status.

Date \_\_\_\_\_ Parent signature \_\_\_\_\_

**Self-Administration of Medication**

Please complete if your child is carrying his/her own auto-injector  
I verify that my child has my permission to self administer the auto-injector.  
Certification **MUST** be provided from the child's physician acknowledging that the student has been instructed in the proper method of self-administration of medication.

Date \_\_\_\_\_ Parent signature \_\_\_\_\_

**Designee of School Nurse**

This is to certify that the designees of the school nurse who have been properly trained in the administration of epinephrine have my permission to medicate my child.

Date \_\_\_\_\_ Parent signature \_\_\_\_\_

**Waiver of Liability** (this waiver must be signed by parent/guardian in order for administration of medication by nurse, designee, or self-administration)

I agree that if proper medical procedure and Board policy are followed, the district and its employees shall incur no liability as a result of any injury.

Date \_\_\_\_\_ Parent signature \_\_\_\_\_