

MONTCLAIR PUBLIC SCHOOLS

Pre-K-8

PART 2: To be Completed by Parent/Guardian and Student

A. Parent/Guardian permission for School Nurse or Staff Delegate administration of Epinephrine Auto-Injector. In the absence of a School Nurse, the antihistamine will be omitted.

To be signed by Parent/Guardian: I give my permission for the school nurse or trained staff delegate to administer the medication described on the reverse side. I give my permission for my child to carry an Epinephrine auto-injector in the original pharmacy labeled package for administration by a nurse or trained delegate. I further understand that this permission is effective for the school year for which it is granted, and must be renewed for each subsequent school year upon fulfillment of requirements set by the board. I disclaim all liability of the Montclair Board of Education as it concerns the use of this medication. I will submit a discontinuation of medication order from my child's physician if Epinephrine is no longer required.

Parent/Guardian Signature

Date

B. Parent/Guardian permission for Self-Administration of Epinephrine Auto-Injector with School Nurse or Staff Delegate Supervision.

To be signed by Parent/Guardian: I give my permission for my child to self-administer the medication as described on the reverse side in the presence of a school nurse or staff delegate. My child understands the signs and symptoms of an allergic reaction, and will present him/her/they self immediately to the school nurse or staff member in his/her presence if her/she/they is having an allergic reaction. **My child will be responsible for carrying his/her/they Epinephrine auto-injector at all times in a pharmacy labeled package.** I understand the staff delegate may not have access to an Epinephrine auto-injector out of the school building. My child has been fully instructed in the self-administration of this medication, and understand the side effects of improper use.

I further understand that this permission is effective for the school year for which it is granted, and must be renewed for each subsequent school year upon fulfillment of requirements set by the board. I will submit a discontinuation of medication order from my child's physician if Epinephrine is no longer required. If approved by my child's physician, I disclaim all liability of the Montclair Board of Education as it concerns the use of this medication by the student. I understand that I must provide the school nurse with 2 additional Epinephrine auto-injectors to be kept in the Health Office.

Parent/Guardian Signature

Date

C. Student Agreement for Self-Administration of Epinephrine Auto-Injector with School Nurse or Staff Delegate Supervision.

To be signed by the Student: I understand that I will use this medication as directed by my physician under the supervision of a school nurse or staff delegate. **I understand the signs and symptoms of an allergic reaction, and I will present myself immediately to the school nurse or staff member in my presence if I am having an allergic reaction. I will be responsible for carrying my Epinephrine auto-injector at all times in a pharmacy labeled package.** I have been fully instructed in the self-administration of this medication, and understand the side effects of improper use. I understand that if I do not abide by these regulations, I may forfeit my right to carry and self-administer this medication. I disclaim all liability of the Montclair Board of Education as it concerns my use of this medication.

Student Signature

Date