

HAWTHORNE PUBLIC SCHOOLS  
HAWTHORNE, NEW JERSEY

EMERGENCY ADMINISTRATION OF THE EPINEPHRINE AUTO INJECTOR

Dear Parent/Guardian;

You have requested that your child be administered Epinephrine in the event that he/she suffers from anaphylaxis while at school. Pursuant to Public Law 1997, c. 368, the Hawthorne board of Education (the "Board") has developed a policy for the emergency administration of Epinephrine, via an Epinephrine auto injector, for anaphylaxis. Enclosed is an authorization form authorizing such administration by the school nurse, or in the school nurse's absence, his/her designee(s). Kindly complete the enclosed authorization form and return it to the principal of the child's school.

In addition, in accordance with the policy, the Board hereby informs you that if the Board approved procedures in the policy are followed, the Hawthorne Public School District and its officers, employees or agents shall incur no liability whatsoever for any and all claims, damages, losses and expenses of any kind, including reasonable attorneys' fees, as a result of any injury arising from the emergency administration of the Epinephrine auto injector to your child. Kindly sign the statement below indicating your understanding of this and agreeing to indemnify and hold the Board harmless.

Hawthorne Board of Education

I, \_\_\_\_\_, hereby acknowledge that, if the Board approved procedures are  
(Parent/guardian)

followed, the Hawthorne Public School and its officers, employees or agents shall incur no liability whatsoever for any and all claims, damages, losses and expenses of any kind, including reasonable attorneys' fees, arising from the emergency administration of an Epinephrine auto injector to my child: \_\_\_\_\_  
(Name of Child)

I, \_\_\_\_\_, hereby indemnify and hold harmless the Hawthorne Public School District and its officers, employees or agents against any and all claims, damages, losses and expenses of any kind, including reasonable attorneys' fees, arising from the emergency administration of an Epinephrine auto injector to my child,

\_\_\_\_\_  
(Name of child.)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

~over~

HAWTHORNE PUBLIC SCHOOLS  
HAWTHORNE, NEW JERSEY

AUTHORIZATION FOR EMERGENCY  
ADMINISTRATION OF EPINEPHRINE AUTO INJECTOR

Dear \_\_\_\_\_,  
(Principal)

I, \_\_\_\_\_ hereby authorize the Hawthorne Board of Education to designate the school  
(Parent/Guardian)  
nurse, or, in the school nurse's absence, all trained staff members, to administer an Epinephrine auto-injector  
to my child, \_\_\_\_\_ for anaphylaxis.

Attached please find the written orders from Dr. \_\_\_\_\_, my child's physician, stating that  
\_\_\_\_\_ requires the administration of epinephrine for anaphylaxis via an Epinephrine auto  
(name of child)  
injector and does not have the ability to self-medicate.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Please see attached list of all trained staff members. Additional staff members to be trained during the school year.

~over~