

Request for Emergency Administration of Epinephrine by a Designated Individual

Student's Name _____ DOB _____ Grade _____

Parent's/Guardian's Name _____

Emergency Telephone Numbers _____

Prescribing Physician's/ APN Name _____ Phone _____

I consent to have school nurse select and train a delegate to administer a pre-filled epinephrine injector in the event of a life threatening allergic reaction if the school nurse is not readily available.

I understand that I must:

- Provide written, current orders from appropriate medical professional with specific guidelines for my child's allergy.
- Provide a current pre-filled epinephrine injector
- Renew this request for each school year

Signature of Parent/Guardian _____ Date _____

I understand that if procedures specified by law are followed, Pace Charter School of Hamilton will have no liability as a result of any injury arising from the administration of this medication, and that I indemnify and hold harmless the school and its employees against any claims arising out of the administration of medication for anaphylaxis via a pre-filled epinephrine injection.

Signature of Parent/Guardian _____ Date _____