

Epinephrine Auto Injection Form continued

To be completed by Parent/Guardian:

Delegation: (initial)

_____ If the nurse is unavailable; a **delegate is permitted** to administer Epinephrine.

_____ If the nurse is unavailable; a **delegate is not permitted** to administer Epinephrine.

The following individual(s) have been trained to administer epinephrine auto-injector:

I acknowledge that the Bordentown Regional School District and its employees or agents shall incur no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to my child. I indemnify and hold harmless the Bordentown Regional School District and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to my child.

Parent/guardian Signature _____ Date _____