

# River Edge Elementary Schools

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*"Building Bright Futures Together"*

Dr. Tova Ben-Dov  
Superintendent of Schools

Louise A. Napolitano  
Board Secretary/Business Administrator

## **Epinephrine Auto Injector Permission Form**

I hereby give permission for \_\_\_\_\_  
to receive epinephrine via a pre-filled auto -injector mechanism as prescribed by my  
physician. I understand that this permission is effective for the school year for which it  
is granted and will be reviewed for each subsequent school year according to the  
requirements of the River Edge Board of Education's Policy, Administering Medication.

I acknowledge that the district shall incur no liability as a result of any injury arising  
from the administration of the above mentioned medication to my child.

I indemnify and hold the district, the school nurse, and the delegates trained by the  
school nurse for the emergency administration of epinephrine via a pre-filled  
auto-injector mechanism, harmless against every claim which may arise out of the  
administration of the above mentioned medication to my child.

I understand that under NJ State Law, a trained delegate will be assigned to administer  
epinephrine to my child in the absence of a school nurse. Antihistamines may not be  
given by a delegate. In the absence of a school nurse, any antihistamine order will be  
disregarded and only epinephrine will be administered by a trained delegate.

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

\_\_\_\_\_  
Date