

River Edge Elementary Schools

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"Building Bright Futures Together"

Dr. Tova Ben-Dov
Superintendent of Schools

Pat Salvati
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