

OUR LADY OF GOOD COUNSEL SCHOOL



EPINEPHRINE MEDICATION PARENT RELEASE & INDEMNIFICATION

This release dated _____ 20____, is given by the Parent/Guardian _____ on behalf of their minor child, _____, to Our Lady of Good Counsel School, located at 23 W. Prospect Avenue, Moorestown, NJ 08057, to administer epinephrine medication through a pre-filled auto injection when required.

The parents/guardians agree to provide the school with a number of pre-filled auto injections to be used as needed and understand that if the school nurse is not available, then a trained designee will administer the EPINEPHRINE in a pre-filled auto injection.

The parents/guardians understand that the school, its employees, and agents will have no liability as a result of any injury arising from the administration or failure to administer EPINEPHRINE to the student.

The parents/guardian will indemnify and hold harmless Our Lady of Good Counsel School, the parish, its employees, and agents from and against claims arising out of the administration or failure to administer EPINEPHRINE in a pre-filled auto injection.

CONSENT FOR TREATMENT

I give permission to allow the administration of epinephrine by auto-injection by the school nurse or, in the absence of the school nurse, by an unlicensed member of the school staff who has been trained and delegated by the school nurse to my son/daughter in the event of an emergency. I also allow the school nurse to share with appropriate school personnel information relative to this medication administration plan.

Signature of Parent/Guardian

Date