

Parents/Guardians

A current single dose Epinephrine auto-injector must be provided to the school for your child’s use. All antihistamines and epinephrine must be brought to school by an adult and be provided in the original container

Select one to sign and date.

- 1. I verify that my child _____ has a potentially life threatening illness and **has been instructed in self-administration** of the prescribed medication in a life threatening situation. **I hereby give permission for my child to self administer prescribed medication.** I further acknowledge that Oak Hill Academy shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and Oak Hill Academy policy are followed. I shall indemnify and hold harmless Oak Hill Academy and it’s employees or agents against any claims arising out of self administration of medication by my child.

Signature of Parent/Guardian _____
Date

- 2. I verify that my child _____ has a potentially life threatening illness and is **unable to self-administer** the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that Oak Hill Academy shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by NJ law and Oak Hill Academy Policy are followed, I shall indemnify and hold harmless Oak Hill Academy and it’s employees or agents against any claims arising out of administration of medication to my child.

Signature of Parent/Guardian _____
Date

Please sign
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 epinephrine will be administered by a trained delegate.

Parent Signature _____
Date

SCHOOL USE ONLY

Signature of Administrator _____
Date _____
Signature of School Nurse _____
Date