GARFIELD PUBLIC SCHOOLS

JAMES MADISON SCHOOL #10

55 LINCOLN PLACE, GARFIELD, NEW JERSEY 07026 PHONE: 862-306-7190

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Garfield School District Emergency Administration of Epinephrine

Student Name:	
Grade:	

Date:_____

I, as the parent or guardian of _______, understand that following the Epi-Pen Policy, neither the Garfield School District nor its employee have or share liability as a result of any injury arising from the administration of a prefilled single dose auto-injector mechanism containing Epinephrine to my child.

This permission to administer Epinephrine is effective for the ______ school year only. It must be renewed for each subsequent school year in order to comply with the Garfield District Medication policy.

I understand it is my responsibility to provide a current pre-filled single dose auto-injector mechanism containing Epinephrine. I am also responsible for replacing it when it has expired.

Parent Signature

Date