TOWNSHIP OF FRANKLIN BOARD OF EDUCATION Franklinville, New Jersey 08322 Exhibit

File Code: 5141.22

EMERGENCY ADMINISTRATION OF EPINEPHRINE VIA EPI-PEN

Student's Name			School	
Grade	School '	Year	Teacher's Name	
in o provide the		ministration o	f the Epi-Pen to the above na	med student the parents must
a.	written authorization for the appropriate personnel to administer the Epi-Pen to their child during the current school year			
b.	written certification orders from the physician of the student that the student has asthma or another potentially life threatening illness which requires the prompt administration of epinephrine via the Epi-Pen and the student does not have the capacity for self administration of the medication			
c.	written acknowledgment that the Board and its employees or agents shall have no liability as a result of any injury, damage, or loss arising from the administration of the Epi-Pen to the student and shall indemnify and hold harmless the district and its employee or agents against any claims arising out of the administration of the Epi-Pen to their child			
d.	written acknowledgment that the school nurse shall have the primary responsibility for the administration of the Epi-Pen to their child. However, the school nurse may designate another employee who may administer the Epi-Pen to the affected student when the nurse is not present provided that the employee has been properly trained in the administration of the Epi-Pen by the school nurse using standardized training protocols.			
which re	certify that the above na equires the prompt admin for self administration of	istration of ep		tially life threatening illness of the student does not have the
	Physician (Print)	Р	hysician's Signature	Date
	certify that I am the pare and acknowledge in acc			nd authorize in accordance with
F	Parent (Print)	Р	arent's Signature	Date
F	Parent (Print)	P	arent's Signature	Date
late:				