

**GLEN ROCK PUBLIC SCHOOLS
GLEN ROCK, NJ 07452
HEALTH OFFICE
201-445-7700 EXT. 5023/5032**

Dear Parent/Guardian:

In compliance with state regulation, P.L. 2007, c.57 (N.J.S.A. 18A:40-12/3-12/6), I am notifying you that Glen Rock Public School staff members have been trained in EPINEPHRINE administration in the event your child experiences an allergic reaction and is unable to self-administer during school activities when the nurse may not be present. 911 will be called and the parent notified if EPINEPHRINE is administered.

Please sign and have your child return this 2-sided form when completed to the Health Office as soon as possible.

Thank you,

Certified School Nurse

I give permission for the Glen Rock Public School trained staff members to administer EPINEPHRINE via auto-injector in the event my daughter/son has an allergic reaction as documented by my child's medical provider's orders. I acknowledge that the Board of Education, its agents and employees, shall incur no liability as a result of any injury arising from the administration of the EPINEPHRINE. I hereby agree to indemnify and hold the Board of Education, its agents and employees, harmless from any and all claims, liability, damages and expenses, including reasonable attorney's fees arising out of, resulting from or in connection with the administration of medications to my daughter/son.

Parent/Guardian Signature

Date

I do NOT agree to the above delegation and wish 911 to be called and EPINEPHRINE NOT administered by a school trained staff member.

Parent/Guardian Signature

Date

6/10/10