

**Wyckoff Public Schools**  
**Emergency Administration of Epinephrine**  
**Statement of Indemnification**

1. I am the parent or guardian of \_\_\_\_\_, a student currently enrolled in the \_\_\_\_\_.
2. I have provided to the Wyckoff School District, through its administration, written certification from \_\_\_\_\_'s physician or advanced practice nurse attesting to the fact that \_\_\_\_\_ requires the administration of epinephrine for anaphylaxis and does or does not have the capability for self-administration of epinephrine of the medication.
3. On \_\_\_\_\_ I provided to the Wyckoff School District, through its administration, a current pre-filled, single dose or twin jet auto injector mechanisms containing epinephrine for the use of my child \_\_\_\_\_. The epinephrine I provided is due to expire on \_\_\_\_\_. I understand that epinephrine can only be obtained through a prescription and that I am fully responsible for keeping track of the expiration dates of said epinephrine and replacing the same with pre-filled, single dose or twin jet mechanisms containing epinephrine when they have expired.
4. When required and in accordance with the procedures specified by N.J.S.A. 18A: 40-12.5 and N.J.S.A. 18A: 40-12.6, I hereby consent, via this writing, to the administration by the school nurse or trained delegate of this pre-filled, single dose or twin jet auto injector mechanism containing epinephrine, which I have provided to the Wyckoff School District, to my child, \_\_\_\_\_.
5. The Wyckoff School District, through its administration, has informed me in writing that if the procedures specified in N.J.S.A. 18A: 40-12.5 and N.J.S.A. 18A: 40-12.6 are followed, the Wyckoff School District and/or its employees or delegates shall incur no liability as a result of any injury arising out of its administration of a pre-filled single or twin jet auto injector mechanism containing epinephrine to my child \_\_\_\_\_.
6. This statement acknowledges that where the procedures specified in N.J.S.A. 18A: 40-12.5 and N.J.S.A. 18A: 40-12.6 are followed, the district shall incur no liability and further acknowledges that I shall hereby indemnify and hold harmless the district and its employees or delegates against any claims arising out of the administration of pre-filled single or twin jet dose auto-injector mechanism containing epinephrine to my child \_\_\_\_\_.
7. I understand that the permission being granted for the administration of a pre-filled, single or twin jet dose auto-injector mechanism containing epinephrine to my child is effective only for the school year for which such permission is granted and must be renewed for each subsequent school year.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian's Signature