

THE FORUM SCHOOL

107 WYCKOFF AVENUE

WALDWICK, NEW JERSEY 07463

(201) 444-5882

FAX: (201) 444-4003

AUTHORIZATION FOR SCHOOL ADMINISTRATION OF EPI-PEN

Student's Name: _____ **School Year:** _____

Teacher: _____

Trained Epi-Pen designee: _____

I understand and agree that The Forum School is not held liable for any injury resulting from the administration of an Epi-pen to my child _____ by the school nurse or a designated delegate trained by the school nurse.

I agree to provide a current Epi-Pen for my child at the beginning of each school year and to replace it as needed.

I agree to provide a current Food Allergy Action Plan or other specific medical order from my child's health care provider for the administration of epinephrine for anaphylaxis.

My child may self-administer this drug. YES NO (please circle)

Parent/Guardian signature: _____

Parent/Guardian name (print): _____

Physician/Health Care Provider signature: _____

Physician/Health Care Provider name (print): _____

Date: _____