

**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:** \_\_\_\_\_