

LINDEN PUBLIC SCHOOLS
DEPARTMENT OF MEDICAL INSPECTION
ACADEMY OF SCIENCE & TECHNOLOGY
128 WEST ST. GEORGES AVENUE
LINDEN, NEW JERSEY 07036

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EMERGENCY CARE FOR ANAPHYLAXIS

Student's Name

Date of Birth

I hereby authorize the Linden Public Schools to develop a plan to provide for the emergency administration of Epinephrine to my child in the case of anaphylaxis. I understand that this authorization is only effective for the current school year and must be renewed annually. I agree to provide the school with the Epinephrine in a pre-filled auto-injector as prescribed by my physician.

I understand that the school nurse in collaboration with the family and pupil (when appropriate) will develop an individualized health care plan consistent with the physician's orders.

Enclosed is Linden Public Schools Authorization for Medication completed as required.

I hereby acknowledge that the Linden Public Schools, its agents and employees shall incur no liability as a result of any injury arising from the administration of a pre-filled auto-injector containing Epinephrine to my child and agree to indemnify and hold harmless the district, its employees and its agents against any claims arising out of the administration of a pre-filled auto-injector containing Epinephrine.

Parent/Guardian Name
(Print)

Signature of Parent/Guardian

Date