

# MONTCLAIR HIGH SCHOOL

## PART 2:

### To be completed by Parent/Guardian and Student

#### A. Parent/Guardian permission for School Nurse or Staff Delegate administration of Epinephrine Auto-Injector. In the absence of a School Nurse, the antihistamine will be omitted

I give my permission for the school nurse or trained staff delegates to administer the medication described on the reverse side. I will notify the school nurse immediately if this medication is no longer ordered by my child's physician. I disclaim all liability of the Montclair Board of Education as it concerns the use of this medication. **I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements set by the board.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### B. Parent/Guardian Permission for Self-Administration of Epinephrine Auto-Injector with School Nurse or Staff Delegate Supervision

I give my permission for my child to self-administer the medication as described on the reverse side in the presence of a school nurse or staff delegate. I will notify the school nurse immediately if this medication is no longer ordered by my child's physician. My child understands the signs and symptoms of an allergic reaction, and will present him/her/they self immediately to the school nurse or staff member in his/her presence if her/she/they is having an allergic reaction. **My child will be responsible for carrying his/her/they Epinephrine auto-injector at all times in a pharmacy labeled package. I understand the staff delegate may not have access to an Epinephrine auto-injector out of the school building, including, but not limited to, athletics, class trips and club activities.** My child has been fully instructed in the self-administration of this medication, and understand the side effects of improper use. I further understand that this permission is effective for the school year for which it is granted, and must be renewed for each subsequent school year upon fulfillment of requirements set by the board. I disclaim all liability of the Montclair Board of Education as it concerns the use of this medication by the student. **I understand that I must provide the school nurse with an additional Epinephrine auto-injectors to be kept in the Health Office.**

**I give permission for the School Nurse to designate an appropriate staff delegate to administer an Epinephrine Auto-Injector in the absence of a School Nurse.** I accept that this designee is not medically trained, but because of the severity of this problem, I believe this action is necessary. I understand he/she/they has been trained in the administration of Epinephrine auto-injectors in accordance with DOE Standards.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### C. Student Agreement for Self-Administration of Epinephrine Auto-Injector with School Nurse or Staff Delegate Supervision

I understand that I will use this medication as directed by my physician under the supervision of a school nurse or staff delegate. **I understand the signs and symptoms of an allergic reaction, and I will present myself immediately to the school nurse or staff member in my presence if I am having an allergic reaction. I will be responsible for carrying my Epinephrine auto-injector at all times in a pharmacy labeled package, including, but not limited to athletics, class trips and clubs.** I have been fully instructed in the self-administration of this medication, and understand the side effects of improper use. I understand that if I do not abide by these regulations, I may forfeit my right to carry and self-administer this medication. I disclaim all liability of the Montclair Board of Education as it concerns my use of this medication.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

#### D. Parent/Guardian Permission for Open Campus Lunch

Subject to certain rules and regulations, high school students are permitted to leave the building and grounds during his/her assigned lunch period. **I understand that I am responsible for my child and his/her/they actions when he/she/they leaves the school building and/or school grounds, including medical needs.** I understand and accept that neither the Montclair Board of Education nor its members, agents, servants or employees will in any way monitor and/or control my child's whereabouts or safety, or be responsible for my child's acts or omissions, while my child is away from his/her/they school building and school grounds.

I agree to defend, indemnify and hold harmless the Montclair Board of Education and/or its members, agents, servants or employees or other representatives from any and all liabilities, claims, physical injury, bodily injury, damages, losses and expenses, including reasonable attorneys' fees, that may arise out of and/or in connection with my child's departure from his/her school building and/or school grounds in connection with my child's open lunch period. This indemnification agreement's scope of coverage shall include, but not be limited to, bodily injuries suffered by my child, other students, Board employees and/or any other persons.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date