



TRINITY HALL

Educating and Empowering Young Women in the Catholic Tradition

101 Corregidor Road | Tinton Falls, NJ | 07724 | www.TrinityHallNJ.org

PERMISSION TO TREAT AND ADMINISTER MEDICATION

STUDENT NAME _____ DATE _____

OVER THE COUNTER MEDICATIONS

Acetaminophen (Tylenol) - Dosage _____ Indication _____

Ibuprofen (Motrin) – Dosage _____ Indication _____

Benadryl – Dosage _____ Indication _____

Tums (antacid) – Dosage _____ Indication _____

EPINEPHRINE

In the event of an emergency, I authorize the school nurse, coach, teacher, or designee to administer epinephrine to my child _____, if my child is experiencing signs and symptoms of anaphylaxis.

I understand that if the procedures in N.J.S.A 18A:40-12.5 and 12.6 and procedures specified in the “Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a delegate trained by the school nurse are followed, Trinity Hall shall have no liability as a result of any injury arising from the administration of a prefilled auto-injector mechanism containing epinephrine to my child. We (the parents/guardians) shall indemnify and hold harmless Trinity Hall and its employees and or agents, and the school nurse, against any claims resulting from the administration of a pre filled, single dose auto injector mechanism containing epinephrine to my child.

Signature of Parent / guardian _____ Date _____

DECLINATION STATEMENT

I have read the policy for the administration of epinephrine in the schools and ***IDO NOT*** want the school nurse and/or delegate to administer epinephrine to my child. I understand that in the event of an anaphylaxis emergency the school nurse will call 911 and the student will be transported to the nearest medical facility for treatment. School personnel will notify the parents/guardian as soon as possible.

Signature of parent/guardian

Date