

**CONSENT FOR DELEGATE ADMINISTRATION
OF EPINEPHRINE PEN**

Student Name _____ Grade: _____ DOB: _____

As the parent/guardian of _____, I consent to the administration of epinephrine via a single dose auto-injector mechanism, (Epi-pen), that I will supply to the school for my child, along with a written prescription from a physician. I consent to this administration by the School nurse or by a delegate trained by the School Nurse.

I acknowledge and understand that Yeshivat Noam shall have no liability as a result of any injury, harm or damages arising from the administration of a pre filled, single dose auto-injector mechanism containing epinephrine (Epi-pen) to my child. I hereby indemnify and hold harmless Yeshivat Noam School and its employees and agents against any claims arising out of administration of a pre filled single dose auto-injector mechanism containing epinephrine to my child.

This permission is valid for the 2019-2020 school year only.

Parent/guardian signature _____ Date _____

School Nurse _____ RN