



BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT

Post Office Box E, One Sunset Hill Road
Blairstown, New Jersey 07825
(908) 362-6111 ~ Fax: (908) 362-5989

Mark Saalfeld, *Superintendent*

Bruce Leal, *Principal*

www.blairstownelem.net

Request for Emergency Administration of Epinephrine

Re: _____

I authorize Blairstown Elementary School employees or its designees to administer epinephrine to my child according to the medical orders I have provided.

I also acknowledge that Blairstown Board of Education, Blairstown Elementary School, its employees or agents will not have any liability as a result of injury arising from the administration of epinephrine to my child.

I acknowledge that the district will not have liability and I shall indemnify and hold the district and its employees and agents harmless from any claim arising out of the administration of the drug.

Parent/Guardian signature

Date