

PARENT/GUARDIAN CONSENT AND WAIVER FOR ADMINISTRATION OF EPINEPHRINE INJECTION

TO: _____ (Administrator) _____ (School)

I am the parent, guardian or legal custodian with legal custody of _____, a minor student attending this school ("Student").

During the school day, the Student may require administration of:

- Epinephrine Injection delivered via any FDA approved epinephrine delivery device

by authorized Stillwater School District ("School District") personnel. I hereby give my consent and authorize the school nurse, school employee trained by a health care professional, employee who has volunteered and successfully completed training to be a care assistant as permitted by law, who believes in good faith Student is experiencing an anaphylactic reaction.

I hereby release and waive any and all claims, liabilities or actions, known or unknown, which Student or I may ever have against school district related to employee administration of medication to Student, including, but not limited to, claims under state or federal laws or regulations. I understand this Consent and Waiver clearly and unequivocally releases the school district from liability for its actions and/or negligence, if any, resulting in illness, injury, disability, or death to Student in any manner during or arising from the administration of the medication. I further understand that Student and I are assuming the risk of any loss, illness, injury, disability or death arising from administration of medication by a school district employee.

I understand that under state law, employees of the school district shall not be liable to Student or me for civil damages for any personal injuries to Student which result from acts or omissions of school district employees.

I understand that under state law before medication can be administered to Student at school, I must do the following:

- 1. Provide the school with this written authorization to administer medication.

I agree to abide by all terms of the school district's policy on administering medicine to students, a copy of which will be given to me upon request. I also understand my obligations under this policy must be fulfilled before the school can administer above medication to my student and that this written authorization is only valid for the current school year and must be renewed every succeeding school year before medication can be administered to Student at school for that school year.

_____ Date

_____ Signature

_____ Address

_____ Parent with legal custody/guardian

_____ Telephone Number(s)