

# Jefferson Township Public Schools

(973) 663-5782 FAX (973) 663-5004  
www.jefftwp.org

**Jeanne Howe**  
Superintendent of Schools

**Roger Jinks, Jr.**  
Assistant Superintendent of Schools

To Whom It May Concern:

I am requesting that my patient, \_\_\_\_\_, carry his/her own epinephrine in school, on field trips, and during school-sponsored extracurricular activities. The medication must be readily available and taken immediately in order to avoid a potentially life-threatening illness.

\_\_\_\_\_ is capable of, and has been instructed by me in the proper method of self-administration of this medication.

_____	_____	_____
Date	Physician Name – Printed	Physician Signature

I authorize my child to carry his/her own epinephrine during school, on field trips, and during school-sponsored extracurricular activities. I acknowledge being informed in writing, and I understand that if the procedures specified in N.J.S.A. 18A:40-12.5 are followed, that the Jefferson Township Board of Education and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by my child, and I indemnify and hold harmless the District and its employees against any claims arising out of the self-administration of medication by my child. I understand this permission is effective for this school year only, and must be renewed each subsequent school year. I also understand that I am responsible for providing prescribed epinephrine, and that I am responsible for replacing it if it has expired or been used.

_____	_____	_____
Date	Parent/Guardian Name – Printed	Parent/Guardian Signature