



FRANKLIN SQUARE UNION FREE SCHOOL DISTRICT
DISTRICT OFFICES: Washington Street School
760 Washington Street, Franklin Square, NY 11010-3898

FOUNDATION
for SUCCESS

REQUEST FOR ADMINISTRATION OF EPINEPHRINE IN SCHOOL

Name of Student: _____ Date: _____

I hereby request and authorize that the Registered School Nurse or designated trainer personnel give my child:

- _____ (1) EPINEPHRINE
- _____ (2) EPINEPHRINE and the antihistamine _____.

Prescribed by Dr. _____.

The name of the medication is EPINEPHRINE; the dosage is _____.

The name of the antihistamine is _____; the dosage is _____.

The reason for the medication is for a KNOWN hypersensitivity reaction to: _____
_____.

Re: Field Trips – The parent/guardian may attend and administer the medication; or
the parent/guardian can personally request another adult who is not employed by the District to
voluntarily administer the medication, and inform the Principal, in writing, of this fact.

My child's physician's orders are attached.

I understand that if the Registered School Nurse is absent and no substitute nurse is available, I will be notified in the morning. Designated trained school personnel may assist my child with the Epi-Pen administration if it becomes necessary.

By permitting the administering of prescribed medicines to my child as outlined above, I, for myself and my child, expressly release the Franklin Square Union Free School District and its personnel of any liability which might arise from such administering the prescribed medicine to my child.

I expressly waive any right of action against the Franklin Square Union Free School District, or its personnel, arising out of any injury, damage, hurt or impairment, of either a physical or mental nature which might result directly or indirectly from the administering of such prescription medicines to my child by the Franklin Square Union Free School District or its personnel.

Notification:

(Parent Signature – Date)

(School Nurse Signature - Date)

(Approved: School Medical Officer - Date)
* **File this information in Nurse's Office.**

