



Parent/Guardian Request & Permission for EpiPen/Auvi-Q Administration

I hereby request and give permission for a non-medical person at The Learning Tree Nursery School Inc., to administer epinephrine via cartridge auto-injector, to my child, when in apparent need thereof, while participating in the nursery school program.

I will provide an epinephrine auto-injector device properly labeled and in the original container, with the child's name and dosage printed on the pharmacy's label. It is my responsibility to ensure that the medication I provide for my child has not reached its expiration date. I will be responsible for transporting all epinephrine auto-injector devices to and from the school.

Further, I understand that when epinephrine is administered to my child, 911 will be called and EMS will transport my child to the hospital.

On behalf of myself and my minor child, I hereby agree to release, indemnify and hold harmless, The Learning Tree Nursery School, Inc., and its employees/agents/volunteers from any and all losses, claims, injuries, damages or expenses arising out of, or connected with, the administration of this medication to my minor child by a non-medical person.

The emergency procedure for any student experiencing possible anaphylaxis will be to:

1. Give epinephrine auto-injector at the first sign of a known or suspected anaphylactic reaction.
2. Call 911 or local emergency services - tell them someone is having a life threatening allergic reaction.
3. Call emergency contact person (parent, guardian, etc.)

Name of student: _____

Class: _____ Teacher & Asst: _____

Signature of parent or guardian: _____

Print name: _____

Cell phone: _____ Date: _____