

Mendham Borough School District

Mitzi N. Morillo
Superintendent
morillo@mendhamboroschools.org

12 Hilltop Road
Mendham, NJ 07945
973.543.2295
973.543.2805 FAX

Dear Parent/Guardian:

You have informed us that your child _____
has a condition, requiring a doctor's order to administer auto-injectable
epinephrine or a glucagon injection in an emergency.

Please check off each of the boxes next to each of the following statements to
indicate that you have reviewed it.

- It is important for other school personnel who may be supervising your child to be aware of this situation. Therefore, we would like your permission to inform the faculty as well as the staff assistants, bus driver and cafeteria workers, etc., so that they know that this condition exists.

- I am aware that the certified school nurse will train a designee according to the State Board of Education regulations.

- I will be aware of the expiration dates and replace when needed.

- If epinephrine or glucagon is given, emergency medical services will be immediately contacted and the student will be transported to the hospital.

- I am aware that I must contact the school nurse to inform her of any school sponsored activities after hours that my child will be attending (i.e., sports, school sponsored clubs.)

- I relieve the Board of Education and its employees of any liability which may result from the administration of the above medication to my child.

- A new form must be submitted for each school year.

Parent/Guardian Signature

Date