

PARENT/GUARDIAN AUTHORIZATION FOR SELF-ADMINISTRATION OF EPINEPHRINE (EPIPEN) OR INHALERS

Section II – To be completed by parent/guardian

I authorize Princeton Day School to permit my child _____ to carry and self-administer his/her own medication as identified in Section I of this form.
(Student's name)

The physician has noted in section I , that the student has asthma, allergies or another potentially life-threatening illness and has instructed the student in th eproper method of self-administration with the medication(s) identified.

I acknowledge that Princeton Day School shall incur no liability as a result of any injury arising from the self-administration of medication(s) by the student noted above. I shall indemnify and hold harmless Princeton Day School and its employees or agents against any claims arising out of the self-administration of medication by the student noted above.

I give permission for the information included on this form to be shared with the appropriate staff members, coaches and transportation personnel for the safety and welfare of my child.

(Print name of parent/guardian)

(Parent/guardian signature)

(Date)