



Please replace Form 5 in your  
Parish Catechetical Handbook  
entitled **Waiver of Liability  
and Agreement to Hold  
Harmless** with this current  
*Authorization to Administer  
Epinephrine* (revised 2017)

St. \_\_\_\_\_ Parish

**AUTHORIZATION TO ADMINISTER EPINEPHRINE**

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

ALLERGY: \_\_\_\_\_

<b>TO BE COMPLETED BY PHYSICIAN</b>	
I certify that the student named above requires administration of epinephrine for anaphylaxis, and does not have the capability to self-administer the medication.	
Name of Medication: _____	
Dosage: _____	
Administration Instructions: _____	
Description of Emergency Symptoms: _____	
Possible Side Effects: _____	
Signature of Physician	Date
Physician Phone Number	

I certify that I am the parent or legal guardian of the above named student of the St. \_\_\_\_\_ Parish religious education program. I verify that my child has a potentially life threatening allergy/illness and is unable to self-administer the prescribed medication in a life threatening situation.

I hereby authorize and designate the following individual to administer epinephrine to my child during religious education via a pre-filled auto-injector mechanism in accordance with the physician instruction: \_\_\_\_\_ ("delegate"). I agree to train the delegate on the proper administration of the medication to my child. I am aware that the injection will not be administered by a nurse, doctor, or other medical professional. I understand that when epinephrine is administered to my child, 911 will be called and EMS will transport my child to the hospital.

I understand and agree that St. \_\_\_\_\_ parish, the Diocese of Metuchen, and their respective representatives, agents, employees, and volunteers shall have no liability as a result of any injuries or damages arising from the administration of epinephrine to my child. I agree to release, indemnify and hold harmless St. \_\_\_\_\_ parish, the Diocese of Metuchen, and their representatives, agents, employees and volunteers from and against all losses, costs, lawsuits, claims, demands, actions, settlements, judgments, and other expenses, including but not limited to defense costs and attorneys' fees, arising out of the administration of the epinephrine injection to my child.

I give permission for the release and exchange of information between St. \_\_\_\_\_ parish representatives and my child's health care provider(s) concerning my child's health and medication. I understand that this information will be shared with school staff on a need to know basis.

After this authorization form is completed, I agree to supply a copy of this form and the medication to the St. \_\_\_\_\_ parish Religious Education Director. I have read this Authorization and agree to its terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home/Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_