



ELEMENTARY SCHOOL

Ronald Lieberman *Principal*
12 Hollywood Avenue, Fairfield, NJ 07004
(973) 439-1919
rlieberman@banyanschool.org

HIGH SCHOOL | LIFE ACADEMY

Janet Blanchard *Principal*
471 Main Street, Little Falls, NJ 07424
(973) 785-1919
jblanchard@banyanschool.org

**Authorization for the Administration of Epinephrine
by the School Nurse or a Trained Delegate
School Year 2024-2025**

Please only complete this form if it pertains to your young adult.

As the parent/guardian of _____, a student of Banyan Upper School, I authorize the school nurse or substitute school nurse, to administer Epinephrine via Epi-pen to my child for the treatment of Anaphylactic reaction.

- I acknowledge that in the absence of the school nurse, New Jersey Law allows the emergency administration of Epinephrine via Epi-pen, by another school employee designated and trained by the school nurse.
- I acknowledge that Banyan Upper School and its agents shall incur no liability as a result of any injury arising from the administration of the Epi-pen to my child. I further agree to hold harmless Banyan School and its agents against any claims arising out of the administration of the Epi-pen to my child.
- I acknowledge that I am responsible for providing all medications ordered for the treatment of allergic reaction in my child to the school nurse, in original containers.
- I acknowledge that this authorization is valid for the 2023-2024 school year.

Parent/GuardianName(Print): _____

Parent/GuardianSignature: _____ Date: _____