



BOROUGH OF PARAMUS

475 FARVIEW AVENUE

PARAMUS, NEW JERSEY 07652

201-265-9322

BOARD OF RECREATION COMMISSIONERS

AUTHORIZATION TO ADMINISTER EPINEPHRINE

Name of Camper: _____ Grade: _____

(To be completed by Physician or Advanced Practice Nurse)

The Camper named above requires administration of epinephrine or anaphylaxis,
and does not have the capability to self-administer the medication.

Dosage: _____

Special Instruction: _____

Description of Emergency Situation: _____

Possible Side Effects: _____

(date)

(Signature of Physician or advanced Practice Nurse)

Address: _____

Phone: _____

PARENT/GUARDIAN AUTHORIZATION AND ACKNOWLEDGEMENT

I/We herby authorize the Playground Nurse or Site Supervisor to administer epinephrine via epi-pen to the camper named above, in accordance with New Jersey law and the Playground policy stated below, as stated in the orders of the physician/advanced practice nurse above. This authorization includes the playground nurse or, in the absence of the Playground nurse, the site supervisor designated and trained by the Nurse in accordance with New Jersey Law.

I/We acknowledge receipt of written notice from the Playground that, provided the procedures set forth in New Jersey law and Playground policy are followed, the Borough of Paramus and its employees or agents shall have no liability as a result of any injury arising from administration of the epi-pen to the camper. I/We understand and agree that the Playground and its employees or agents shall have no liability as stated in the written notice. I/We further agree to indemnify and hold harmless the Playground and its employees or agents against any claims arising out of administration of administration of the epi-pen to the Camper.

I/We understand this authorization and these agreements are effective for the duration of the current school year.

(SIGNATURE OF PARENT or GUARDIAN)

(SIGNATURE OF PARENT or GUARDIAN)