

**GOOD SHEPHERD ACADEMY**

**PART 2: To be completed by Parent/Caregiver**

**A. Parent/Guardian permission for School Nurse or Staff Delegate administration of Epinephrine Auto-Injector. In the absence of-a School Nurse, the antihistamine will be omitted.**

I give my permission for the school nurse or trained staff delegates to administer the medication described on the reverse side. I will notify the immediately if this medication is no longer required. I disclaim all liability of Good Shepherd Academy as it concerns the use of this medication. I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of the requirements set by the board.

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

**B. Parent/Guardian permission for Self-Administration of Epinephrine Auto-Injector with School Nurse or Staff Delegate Supervision.**

I give permission for my child to self-administer the medication as described on the reverse side in the presence of a school nurse or staff delegate. I will notify the immediately if this medication is no longer required. I disclaim all liability of Good Shepherd Academy as it concerns the use of this medication. I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of the requirements set by the board.

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

**C. Student Agreement for Self-Administration of Epinephrine Auto-Injector with School Nurse or Staff Delegate Supervision.**

I understand that I will use this medication as directed by my physician under the supervision of a school nurse or staff delegate. I will be responsible and discreet using the medication as described on the reverse side and will have this medication readily accessible. I have been instructed how to self administer this medication and understand the side effects of improper use. The medication must be carried in the original labeled pharmacy container. I understand that if I do not abide by these regulations, I forfeit my right to carry and self-administer this medication. I disclaim all liability of Good Shepherd Academy as it concerns my use of this medication.

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

**D. Declination of Staff Delegate Supervision for Middle School Students**

I choose to decline a staff delegate to my child for all school sponsored activities when a nurse is not present. I understand that the school shall incur no liability as a result of this decision.

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

Emergency Contacts: Name / Relationship / Phone

- 1. Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- Doctor: \_\_\_\_\_ Phone \_\_\_\_\_