

HANOVER TOWNSHIP PUBLIC SCHOOLS
Self Administration of Medication-Parent Release Form

TO: Parents/Guardians of Pupils
FROM: Hanover Township Board of Education
SUBJECT: **SELF-ADMINISTRATION OF EPINEPHRINE**

The Hanover Township Board of Education hereby informs parents/guardians of pupils who have an emergency order for the self-administration of epinephrine that the Hanover Township School District and its employees or agents shall incur no liability as a result of any injury arising from the said self-administration of epinephrine by the pupil.

I, the undersigned, hereby acknowledge that I have read and understood the above statement,

I also acknowledge that the Hanover Township School District shall incur no liability as a result of any injury arising from the administration of epinephrine by my child, _____.
(full name of child)

I shall also hold harmless the Hanover Township School District and its employees or agents from any and all claims arising out of self-administration of medication by my child.

Parents' Signature _____

Date _____