

Smyrna School District

Release Form

Student Possession and Use of Auto-Injectable Epinephrine *(in accordance with 14 DE Admin. Code 612 and 817)*

I am the parent/legal guardian of _____ (“Student”).

Attached is a copy of the so named Student's prescription to possess and use an auto injectable epinephrine.

I authorize the so named Student to possess and use the auto-injectable in school and on field trips without supervision of the school nurse, or any other employee.

The school nurse shall make the assessment based upon the maturity and responsibility level of the said Student to carry the medication and administer as prescribed.

I release the District, The Board of Education, and District employees from any and all liability arising out of the Student's possession and use of the auto-injectable epinephrine in school, or during any school activity.

Parent/Legal Guardian

Date

Student

Date

School Nurse

Date