

**NUTLEY PUBLIC SCHOOLS**  
**Nutley, New Jersey 07110**

**STATEMENT OF ACKNOWLEDGEMENT AND UNDERSTANDING**

I, the parent/guardian of \_\_\_\_\_, understand and agree that if the procedures specified in the N.J.S.A. 18a:40-12.5 are followed, the district shall have no liability as a result of any injury arising from the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child and that I shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date of Agreement