

WOOD-RIDGE SCHOOL DISTRICT

201-933-6777

**PARENTAL AUTHORIZATION FOR ADMINISTRATION
OF EPI-PEN**

This letter shall serve as written authorization to the Wood-Ridge Board of Education to have its school nurse or designated individual administer epinephrine to my child, _____.

Attached you will find written orders from my child's physician or advanced practice nurse, indicating that my child requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.

Parent/Guardian

Date