



Rabbi Leon Wind Religious School

Beth Sholom B'nai Israel, 400 Middle Turnpike East, Manchester, CT 06040
Tel.: 860-643-9563 Fax: 860-645-3965 www.myshul.org

EpiPen Authorization Form

*If your child has a severe allergy and carries an EpiPen or other epinephrine auto-injector, please complete this form authorizing BSBI Religious School Staff to administer your child's EpiPen in an emergency. This form must be submitted to the synagogue office at the start of the school year. **If we do not have this form on file, we will not be able to administer an EpiPen to your child.***

I, _____, am the parent or guardian of
_____, who has been diagnosed as having a severe allergy and has been prescribed an Epinephrine Auto-Injector by a qualified health care professional. I am seeking to enroll my child as a student in the Religious School of Beth Sholom B'nai Israel (the "School") and hereby request and authorize the School and its employees, volunteers, and agents, at their discretion, to administer, attempt to administer, or allow my child to self-administer an Epinephrine Auto-Injector as directed by my health care provider. I am aware that it may be necessary for the injection to be administered by an individual other than a trained healthcare professional, and specifically consent to such practices. I agree to release, indemnify, and hold harmless the School and any of its officers, employees, volunteers, or agents from lawsuit, claim, demand, or action against them for the administration or self-administration of the Epinephrine Auto-Injector prescribed for this student. I understand that the rescue squad will always be called when an Epinephrine Auto-Injector is administered, whether or not the student manifests any symptoms of anaphylaxis.

Student Name (print) _____ Birthdate _____

Parent/Guardian Signature _____ Date _____