



**WASHINGTON JAPANESE LANGUAGE SCHOOL**  
**RELEASE AND INDEMNIFICATION AGREEMENT**  
**FOR AUTO-INJECTABLE EPINEPHRINE**

**TO BE COMPLETED BY THE PARENT/GUARDIAN**

School Year: 2019-2020

Name of the Student: \_\_\_\_\_ Sex:   Birthdate: \_\_\_\_\_  
Print Student's Name Male Female

Anaphylaxis/Severe Allergic Reaction To: \_\_\_\_\_

I hereby authorize Washington Japanese Language School (WJLS) and its personnel to administer auto-injectable epinephrine, if available, to the student identified above. I assume the responsibilities of stating the medical conditions above and supplying the medication. I agree to release, indemnify, and hold harmless WJLS, and any of its officers, employees, staff members, or agents from any lawsuit, claim, expense, demand, or action against them for administering this medication to the student. I am aware that the injection may be administered by an individual who is not a licensed health care practitioner.

Name of the Parent/Guardian: \_\_\_\_\_  
Print Parent/Guardian's Name

Signature of the Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_