



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

TO BE COMPLETED BY THE PARENT/GUARDIAN

School Year: 2026-2027

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: () _____