Compass SchoolHouse

EPINEPHRINE USE – PARENT/GUARDIAN PERMISSION

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a history of an allergic reaction to:

In order to provide emergency care in the event of a life threatening allergic reaction during the school day and in compliance with school guidelines, it is necessary for you to submit pertinent information and the appropriate physician’s orders. In this way, individualized, emergency action may be taken for your child. In addition, if your child is determined to have a life-threatening allergy, it is recommended that an ID bracelet be worn at all times.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the administration of a

 PARENT’S NAME

pre-filled single dose auto injector mechanism containing Epinephrine to my child in the event of an allergic reaction as documented above.

I further understand that if the procedures as specified by the child’s physician (as indicated on the prescription container) are followed, neither the school nor staff members shall have liability as a result of any injury arising from the administration to the student and that the parents or guardians shall indemnify and hold harmless the school and its employees against any claims arising out of such administration.

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_