



EVERGREEN SUMMER/MONTESSORI SUMMER

Consent for Administration of Emergency Epinephrine (EpiPen) For Children ages 5+

Dear Parent or Guardian:

Anaphylactic shock is a life-threatening situation that can happen to anyone. It is most often caused by insect stings and known or unknown food allergies. Some children are known to be prone to anaphylaxis and therefore have prescribed EpiPens. Sometimes, children react to an insect bite or food where they previously had no reaction. For reactions that happen unexpectedly, the school has an EpiPen for use in emergencies. Your signature on this form will allow us to give the EpiPen to your child in the event that he or she has a previously unknown anaphylactic reaction. This will keep your child alive while waiting for EMS to arrive.

Your consent must be obtained before the medication is given to your child. Our delegating nurse has approved the administration of this medication in accordance with established protocols.

Please sign at the bottom of this letter and indicate your approval (or lack thereof) for the administration of the EpiPen in case of an anaphylactic reaction.

Child's Name: _____

I give permission for my child to receive the EpiPen as deemed necessary by a trained Evergreen School staff person.

I DO NOT want my child to receive the EpiPen at Evergreen School.

Parent's Name: _____

Parent's Signature: _____ Date: _____

Contact Number: _____