GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT

PARENTAL CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE IN SCHOOL

SECTION 1 - STUDENT INFORMATION

Student Name: ______________________________________				**DOB:** _______________
Building: __		**Grade:**		**Bus #:** _______________
1. What is your child allergic to?	☐ Dairy	☐ Peanuts	☐ Soy	☐ Other: ________________
	☐ Eggs	☐ Sesame	☐ Sting	☐ Other: ________________
	☐ Fin Fish	☐ Shellfish	☐ Tree Nuts	☐ Other: ________________

2. Has your child ever been allergy tested? ☐ Yes ☐ No If yes, date tested: _____

3. Does your child have asthma? ☐ Yes ☐ No

SECTION 2 – PARENTAL CONSENT

1. I give permission to the school nurse and the school doctor to discuss treatment of the aforementioned student with the student's physician: ☐ Yes ☐ No
   List doctor's name: ________________________________
2. I give permission to the school nurse or her designee to administer Epinephrine to the aforementioned student. I understand that it will be injected into the muscle of his/her leg or arm: ☐ Yes ☐ No
3. Has your child been trained to self-administer Epinephrine? ☐ Yes ☐ No
   If yes, how often do you review self-administration? ___________________________
4. I give permission for the aforementioned student to carry his/her Epinephrine:
   ☐ Yes ☐ No
5. How many Epinephrine Auto-Injectors will you provide to the school? ________________
6. Where will the Epinephrine be kept? _______________________________
7. What is the expiration date of the Epinephrine?______________________

In order to ensure that your child will receive this life preserving medicine promptly when indicated, we are obligated to inform appropriate school personnel. Your signature below gives us permission to do so.

Date: _________ **Parent/guardian Signature:** __________________________________

Printed Name: _______________________________ **Relationship:** ___________________

Tel: (H): ________________ **(W):** ____________________ **(C):** ____________________

Please return this form to: Building School Nurse