

SEVERE ALLERGY WAIVER FOR NO Medications at school

We, the parents/guardians of _____, have
(Child's name and grade)

discussed the following with our medical provider / school nurse, and/or health aide:

- Anaphylaxis is a reaction to an allergen such as food, medication, bug venom, and/or latex;
- Anaphylaxis causes a drop in blood pressure to occur and the airways to narrow causing difficulty in breathing;
- Anaphylaxis is a severe and potentially life threatening condition which requires immediate action in the form of epinephrine.

We understand the severity of anaphylaxis and that there is potential my child may not survive without immediate action. By signing this document we are stating that we do **NOT** want epinephrine or medication kept at school. In an emergency, 911 will be contacted. There is the possibility that emergency personnel will administer epinephrine. There is also the possibility of a life-threatening situation. We are releasing liability of the school and its affiliates. We understand that this form requires the signature of the medical provider with prescriptive authority and both parents/guardians.

Epinephrine will not be kept at school

_____	_____	_____
Medical Provider	Phone	(Date)
_____	_____	_____
(parent/guardian signature #1)		(Date)
_____	_____	_____
(parent/guardian signature #2)		(Date)
_____	_____	_____
(school nurse signature)		(Date)
_____	_____	_____
(Health Aide Signature)		