

REFUSAL TO PERMIT ADMINISTRATION OF EPINEPHRINE FOR EMERGENCY FIRST AID

Name of Student:	Date of Birth:
Address of Student:	nt(s):
Name of Parent(s):	
Address of Parent(s):(if different from child)	
maintain epinephrine in cartridge injector to students who experience allergic reacti guardian or a prior written order of a qual State law permits the parent or guardian or school medical advisor that epinephrine situations. This form is provided for the	rs (EpiPens) for the purpose of administering emergency first a cons and do not have a prior written authorization of a parent of lified medical professional for the administration of epinephrin of a student to submit a written directive to the school nurse of shall not be administered to such student in emergency ose parents who refuse to have epinephrine administered to
	nephrine to the above named student for purposes of emergence
Signature of Parent/Guardian	Date
Please return the completed original fo	orm to your child's school nurse.

12/5/2023