

## REFUSAL TO PERMIT ADMINISTRATION OF EPINEPHRINE FOR EMERGENCY FIRST AID

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Please return the completed origina	l form to your child's school nurs	e.
Signature of Parent/Guardian	Date	
first aid in the case of an allergic react	cion.	
refuse to permit the administration of	epinephrine to the above named stud	dent for purposes of emergency
I,	, the parent/guardian of	, of
		·
student in emergency situations. <u>TI</u> epinephrine administered to their cl	his form is provided for those	parents who refuse to have
to submit a written directive to the s		
first aid to students who experience a guardian or qualified medical professi		
schools, to maintain Epinephrine Aut	to Injectors (EpiPens) for the purp	ose of administering emergency
The State of Connecticut requires th	e school nurse, and other qualified	d school personnel in all public
(if different from child)		
Address of Parent(s):		
Name of Parent(s):		
Address of Child:		
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Name of Child:	Date of Birth:	