

**SEVERE ALLERGIES REQUIRING INJECTABLE  
EPINEPHRINE PARENT ACKNOWLEDGEMENT FORM ~~2020-2021~~**

Student: *(first / last)* \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ cell: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Transportation: Bus # am \_\_\_\_\_ pm \_\_\_\_\_ Car Rider am \_\_\_\_\_ pm \_\_\_\_\_ Biker/Walker \_\_\_\_\_

Rainy Day Dismissal: Bus # \_\_\_\_\_ Car Rider \_\_\_\_\_ Other \_\_\_\_\_

yes	no	I understand that all foods are allowed (including nut/peanuts) in the cafeteria.
yes	no	My child must eat at a “Peanut / Nut” restricted lunch table.
yes	no	I give permission for my child to eat at any table for lunch.
yes	no	My child has permission to purchase all food items available at lunch, including snacks, cookies, ice cream, etc.
yes	no	I understand that my child will not be allowed to eat food brought to the school by other children or adults. This includes birthday cupcakes and items brought in for holiday parties.
yes	no	I understand that my child's teacher will provide a space in the classroom to store non-perishable treats provided by me (the parent) for birthdays or other “special” treat days.
yes	no	My child has medication in the clinic in case of an allergic reaction.
yes	no	I understand that students are <b><u>NOT ALLOWED</u></b> to transport medication. I understand that a parent/guardian needs to bring any medication needed (whether prescription or over the counter) to the school nurse in the original container and/or with the prescription label intact. After the medication permission has been signed by the parent, the nurse will be allowed to dispense it.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date