

[Board of Education/School Letterhead]
REFUSAL TO PERMIT ADMINISTRATION
OF EPINEPHRINE FOR EMERGENCY FIRST AID

Name of Child: _____ Date of Birth: _____

Address of Child: _____

Name of Parent(s): _____

Address of Parent(s): _____
(if different from child)

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parent or guardian of a student to submit a written directive to the school nurse or school medical advisor that epinephrine shall not be administered to such student in emergency situations. This form is provided for those parents who refuse to have epinephrine administered to their child. The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student

refuse to permit the administration of epinephrine to the above named student for purposes of emergency first aid in the case of an allergic reaction.

Signature of Parent/Guardian

Date

Please return the completed original form to your child’s school nurse or school medical advisor,

_____ *[Insert name of medical advisor]* at

_____ *[Insert address of medical advisor].*