## Saint George Catholic School Epi-Pen checklist

Student Name	DOB	Grade
Parent/Guardians A current single dose of Epinephrine auto-inject child's use. Two single doses must be provided to the nurepeat dose to be given. All antihistamines and epinepadult and be provided in the original container with a activities will need to be provided for those events. In 3:10p.m.	irse if your heal ohrine must be label. Addition	thcare provider has ordered a brought to the school by an al medication for after school
Checklist for parent use: Please initial those that apply to	your student:	
(initial) I will discuss my child's allergies with my	child's teacher.	
□( initial) I will inform my child's bus driver □	_(initial) my chi	ld does not ride a bus
(initial) I will inform the cafeteria and complete the	cafeteria form	
(initial) When my child is in a club, staying after sactivity outside of the building, I will inform that ever at school is not available after 3:10 p.m.		
(initial) I have supplied the school nurse with con	npleted and sig	ned medication orders
□ (initial) ONE Epinephrine auto-injector device wit supplied to the School nurse to administer as needed. (		
□ (initial) TWO Epinephrine auto-injector devices w supplied to the School nurse to administer as needed. (e	•	
□ (initial) I <b>decline</b> to have a <b>2</b> <sup>nd</sup> Epi-Pen at	school with my	child.
□ I <b>decline</b> to have an EPI- pen at St. George Schechild's pediatrician stating that it is not required at school reaction, I am aware that my child will not have access to school.	In the event the	nat my child has an allergic
Parent/guardian PRINT NAME	_	
Parent/guardian signature Date		
Parent/guardian signature Date		