Saint George Catholic School Epi-Pen checklist

Student Name	DOB	Grade
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Parent/Guardians

A current single dose of Epinephrine auto-injector must be provided to the school for your child's use. Two single doses must be provided to the nurse if your healthcare provider has ordered a repeat dose to be given. All antihistamines and epinephrine must be brought to the school by an adult and be provided in the original container.

Checklist for parent use: Please initial those that apply to your student:

(initial) I	have	discussed	mv child'	s allergies	my child's teacher	,
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□____(date) I have informed my child's bus driver □_____my child does not ride a bus

[_____(initial) I have informed the cafeteria and completed the cafeteria form

(initial) When my child is in a club, staying after school, involved in sports or other activity outside of the building, I will inform that event coordinator.

[] (initial) I have supplied the school nurse with completed and signed medication orders

□_____ (initial) One Epinephrine auto-injector device with a valid expiration date was supplied supplies to the School nurse to administer as needed. (exp date)______

 \Box I have provided a 2nd Epi-Pen to be kept in the nurse's office.

□____ I have provided a 2nd Epi-Pen for my child's teacher to carry in the classroom Emergency bag.

 \Box I have provided a 2nd Epi-Pen for my child to carry from classroom to classroom.

 \square (initial) I **decline** to have a **2nd** Epi-Pen at school with my child.

□_____ (initial) I have read the above and I am aware of the options.

□_____ I **decline** to have an EPI- pen at St. George School and have provided a letter from my child's pediatrician stating that it is not required at school. In the event that my child has an allergic reaction, I am aware that my child will not have access to epinephrine until 911 arrives at St. George school.

Parent/guardian **PRINT NAME**

Parent/guardian signature