

Saint George Catholic School  
Epi-Pen checklist

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_

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 my child's allergies my child's teacher
  
- \_\_\_\_\_ (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 and circle) **ONE** or **TWO** Epinephrine auto-injector device with valid expiration date was supplied to the School nurse to administer as needed. (exp date) \_\_\_\_\_
  
  
- \_\_\_\_\_ 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

\_\_\_\_\_  
Date