

Section 500 – Students

Student Health and Well-Being

Waiver of Emergency Response to Life Threatening Asthma or Systemic Allergic Reactions Protocol

File: 508.12 – E1

WAIVER OF EMERGENCY RESPONSE TO LIFE THREATENING ASTHMA OR SYSTEMIC ALLERGIC REACTIONS PROTOCOL

O’Neill Public School District

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

I am aware of the school policy that provides a protocol to follow by school personnel to administer EpiPen/albuterol to a student when it is determined that the student is suffering a life-threatening asthma or systemic allergic reaction while school is in session.

After considering the school policy and the best interests of my child, _____, I do not wish to have him/her

administered albuterol or medication from an Epi-Pen by school personnel under any circumstances for the 20_____ - 20_____ school year.

(Signature of Parent/Legal Guardian/Custodian of Child)

(Date)