

**CONSENT FORM
FOR ADMINISTRATION OF
EPIPEN®/ANA-KIT®**

Date

Name of School Director

Name of School

School Address

Dear _____
Name of School Director

Re: _____
Name of Student

We are writing to request that epinephrine _____ and _____
(EpiPen®/AnaKit®) *(brand of antihistamine)*

be administered to _____ in the event of an anaphylactic medical emergency.
(Name of Student)

The Following allergens:

(types of allergen(s))

must be avoided as ingestion in any form could be fatal. All emergency procedures are outlined on the Emergency Allergy Form.

We appreciate very much your cooperation and understanding in this matter.

Sincerely,

Doctor/Date

Parent/Date