



**REFUSAL TO PERMIT ADMINISTRATION OF
EPINEPHRINE FOR EMERGENCY FIRST AID**

This document is fillable using Adobe Acrobat or can be printed and completed by hand.

Student's Name: _____ Date of Birth: _____

Address of Student: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian (if different from student): _____

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parents or guardians of a student to submit a written directive to the **school nurse or school medical advisor** that epinephrine shall not be administered to such student in emergency situations. This form is provided for those parents who refuse to have epinephrine administered to their child. The refusal is valid only for the 20____ - 20____ school year.

I, _____ the parent/guardian of _____
Print name of parent/guardian *Print name of student*

refuse to permit the administration of epinephrine to the above-named student for purposes of emergency first aid in the case of an allergic reaction.

Signature of parent/guardian *Date*

**Please return the completed form to your student's
School Nurse or the district's School Medical Advisor,
Dr. Eileen Lawrence
Shoreline Pediatrics & Adolescence Medicine
162 East Main Street, Clinton, CT 06413**