

## Parent Consent: Epi-Pen/Allerjet

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I Hereby give my consent for My School Co-op Nursery School to administer the Epi-Pen/Allerjet to my child under the following conditions:

1. If my child has an allergic reaction to \_\_\_\_\_
2. If my child shows symptoms of needing the Epi-Pen/Allerjet as laid out in Anaphylaxis Emergency Plan

I understand that the staff will follow their Policies and Procedures set out for this situation

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Doctor's Signature