BEVERLY
CITY SCHOOL DISTRICT

REQUEST FOR ADMINISTRATION OF EMERGENCY MEDICATION

Student Name _____ **DOB** _____

TO: Parents/Guardians
FROM: Ms. Elizabeth Giacobbe, Superintendent/Principal

It has been identified that your child, named above, has a potentially life-threatening allergy to food or insect stings. Please have your child's health care provider complete the attached Emergency Care Plan and sign the parent/guardian authorizations. In addition, please review the statement below and acknowledge with your signature. Please return all completed forms to the school nurse.

I understand that the school district, agents, and its employees shall incur no liability as a result of any condition or injury arising administration of epinephrine via prefilled auto-injector mechanism to the pupil and the parent(s) or legal guardian(s) shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil.

_____ _____
Parent Signature Date