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

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Child: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address of Parent(s): \_\_\_\_\_  
(if different from child)

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 parent or guardian of a student to submit a written directive to the school nurse 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 for only the 2017-2018 school year.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, 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 original form to your child's school nurse.**

\_\_\_\_\_ at \_\_\_\_\_  
*Name of School Nurse* *Name of school*