Administration of Medication EpiPen Injection

I hereby authorize and instruct		Principal of	
School or their designate(s) to adr	minister epinephrine	by injection to my child	born on
for the purpose of providing tempo	orary emergency res	ponse to a perceived life threater	ning occurrence which may be
seen to result from an allergic rea	ction, the symptoms	of which include:	
 Tingling in mouth Hives, rash, itching Generalized flushing Swelling of eyes, ears, lips, fa Constriction in throat, mouth a Constriction in breathing, swa Wheezing, sneezing, coughing Hoarseness Vomiting, upset stomach, diar Sense of doom Lightheadedness Loss of consciousness Coma and death My signature shall be your good that staff are not medically trained Lakeshore Catholic District Schomay arise out of the said medicar This information will be shared we support the pupil to ensure their 	and chest Illowing g and choking rhea and sufficient authored, I shall not hold the lol Board or any of it ition administration, exith all relevant staff health needs are bes	te person administering the med is school personnel liable for any oither at this given time, or at any immembers (including transportation to served.	ication, the Algonquin and y action whatsoever which given time in the future. ion staff if applicable) who
DATED at	this	day of	20
□ I am providing epi pen(s	s) for the school	Epi Pen #1 Expiry date:	
		Epi Pen #2 Expiry date:	
Signature of Authorizing Parent/0	Guardian		

Note: This form is to be filed in the School's Medical Emergency file and in the student's OSR File.

The information gathered on this form is pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to prepare assessment records; maintain records for all students. Users: Student Services Staff, Principal of Student, all teachers responsible for the Student's program and designated staff for clerical functions.