

Date: _____

Dear Parent(s),

Your child's safety and wellbeing are of utmost importance to us here at Parkview Baptist School. In rare occasions, children in anaphylactic shock will require more than one dose of epinephrine. By signing this form, you are aware that it is best practice to keep at least TWO epinephrine injectors dispensed by the pharmacy here at Parkview Baptist School. With us only having ONE epinephrine injector here at Parkview Baptist School may delay your child's care and could put your child's life at risk.

Child's Name: _____

Child's Age: _____ Child's Grade: _____

Parent Name (please print): _____

Parent Signature: _____