



CONSENT FORM FOR ADMINISTRATION OF EPIPEN® / ANA-KIT®
Formulaire 230,57b

 Date

 Name of Principal

 Name of School

 Address

 Address

Dear _____:
 Name of Principal

Re: _____
 Name of Student

We are writing to request that epinephrine _____ and _____
 (EpiPen®/Ana-Kit®) (brand of antihistamine)
 be administered to _____ in the event of an anaphylactic medical emergency.
 Name of Student

 Types of allergens
 must be avoided as ingestion in any form could be fatal. All emergency procedures are outlined on
 Form 230,57a (E) - **EMERGENCY ALLERGY ALERT FORM.**

We appreciate very much your cooperation and understanding in this matter.

Sincerely,

 Doctor / Date

 Parent / Date

* From L'anaphylaxie: Guide à l'intention des commissions et conseils scolaires