Saint John School

Following precedence of
Old Saybrook Public Schools

REFUSAL or APPROVAL FOR USE
OF EPINEPHRINE FOR EMERGENCY FIRST AIDE for 2026-2027

Name of Child: _____ Date of Birth: _____

Address of Child: _____
Street City State Zip

Name of Parents: _____

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 parents to indicate their preference in the administration of epinephrine and is only valid for the school year noted above.

☐ Refusal I, _____, (print name of parent/guardian) the parent/guardian of _____, (print student's name) **refuse to permit the administration** of epinephrine to the above named student for purposes of emergency first aide in the case of an allergic reaction.

☐ Approval I, _____, (print name of parent/guardian) the parent/guardian of _____, (print name of student) **permit the administration** of epinephrine to the above named student for purposes of emergency first aide in the case of an allergic reaction.

Signature of Parent/Guardian: _____

Date: _____

Please return the completed original form to Saint John School's Nurse.