

**Epi Pen Jr./Epi Pen Consent and Release Allergic Reaction Form**

Family Name :

**Bee Stings**

My child/ren, \_\_\_\_\_ will need to have the Epi Pen Jr. or Epi Pen (circle which one) administered if he/she experiences the signs and symptoms listed below:

- \_\_\_\_\_ Swelling at the sight
- \_\_\_\_\_ Swelling spread beyond the area of the sting
- \_\_\_\_\_ Hives or itching sensations
- \_\_\_\_\_ Rash over entire body
- \_\_\_\_\_ Difficulty breathing coughing, wheezing or sneezing
- \_\_\_\_\_ Difficulty swallowing or a choking sensation
- \_\_\_\_\_ Nausea
- \_\_\_\_\_ Other \_\_\_\_\_

Please provide an Epi Pen Jr. or Epi Pen to be held in the office to be taken on field trips and to field days.  
 Lot# \_\_\_\_\_ Exp: \_\_\_\_\_

\_\_\_\_\_ My child/ren's reaction **may be life threatening** and requires immediate medical attention. **Do not wait for symptoms to appear. Call 911, administer Epi Pen and transport to hospital and contact parents and physician.**

\_\_\_\_\_ My child's reaction in **not** life threatening but the following will need to be done:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Allergic Reactions**

**I understand that the school will call 911 if any of the following signs or symptoms of a severe allergic reaction/anaphylactic shock should appear:**

Difficulty breathing coughing, wheezing or sneezing, difficulty swallowing , choking sensation, nausea or vomiting, feeling of panic or hives or itching sensations,

I release the school from any liability in the event that my child has an adverse reaction to the Epi Pen Jr. or Epi Pen.

I certify that the above information is complete and accurate I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 6/15/2011

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**2011/12 Student Driver Request Form**

Permission may be given for junior and senior students (and others by exception) to drive any motorized vehicle (car, motorcycle, moped, etc.) to school. To apply for permission, parents should complete this Student Driver Request Form and return it to the office. A parking permit will be issued and must be displayed on the rear window of the passenger side of all vehicles. Students are not allowed to go to their car or other vehicles during school hours without the permission of the appropriate dean. **TRINITY SCHOOL AT GREENLAWN IS NOT RESPONSIBLE FOR THEFT, DAMAGES, ETC. INCURRED WHILE PARKING AT SCHOOL.**

Child/ren Name/s

Proof of Insurance: Insurance Company:

Policy Number:

List all vehicles and vehicle information below:

Make	Model	Color	License #	Sticker # Old one if you have it

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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