

Refusal Medication Letter

Date: _____

School Year: _____

Re: _____

Teacher: _____

DOB: _____

Grade: _____

Parent Name: _____

Hm# _____

Home Address: _____

Cell# _____

Work# _____

Emergency Contact: _____

Emergency Contact# _____

This letter is to inform the school and school nurse, that I, (Parent Name), will not be providing (name of medication) for my child (Name of student), despite my child's physician Food Allergy Action Plan recommendation. I am aware that in case of an allergic reaction or anaphylaxis emergency, EMS will be called to assist my child and I will take full responsibility. Please take this letter as an acknowledgement to decline having an (Epi-Pen) at school for my child.

Parent Signature

Date

School Nurse Signature

Date