

De Soto Area Schools

Allergic Reaction Treatment Release

To the Parent/Guardian of _____

According to school records your child is allergic to bee stings. For our information and the protection of your child we need to have on file what procedure you want followed for your child in case of an allergic reaction.

If an epi-pen is prescribed for your child, we need to have a Physician's consent form signed by the doctor and the parent on file in our office. If an antihistamine, such as Benadryl, is needed; please supply some for your child to use at school. Also, a consent form needs to be on file in the office for the specific medication.

If I can be of any assistance, please contact me at school.

Thank you,

Kerri Busteed R.N.

Return this portion to the school.

Students name _____ Grade _____

Allergy _____

Procedure to be followed at school

Parent/Guardian Signature _____ Date _____
