

**WAIVER OF EMERGENCY RESPONSE TO LIFE THREATENING ASTHMA OR
SYSTEMIC ALLERGIC REACTIONS PROTOCOL**

Creighton Public School District

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

I am aware of the school policy that provides a protocol to follow by school personnel to administer EpiPen/albuterol to a student when it is determined that the student is suffering a life-threatening asthma or systemic allergic reaction while school is in session.

After considering the school policy and the best interests of my child, _____, I do not wish to have him/her administered albuterol or medication from an Epi-Pen by school personnel under any circumstances for the 20__ - 20__ school year.

(Signature of Parent/Legal Guardian/Custodian of Child)

(Date)