

# TOWN OF FAIRFIELD SCHOOL HEALTH PROGRAM

## AUTHORIZATION FOR ADMINISTRATION OF EPINEPHRINE CARTRIDGE-INJECTORS ON DISTRICT TRANSPORTATION

Connecticut State Law allows students with medically diagnosed life-threatening allergic conditions to possess and/or self-administer epinephrine cartridge-injectors to protect the student against serious harm or death provided the parent and a qualified medical professional have provided written authorizations for the possession, self-administration or possession and self-administration of such medication.

Name of Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

(Please check off one or both options.)

\_\_\_\_\_ The above named student may carry his/her prescribed epinephrine cartridge injector for self-administration.

\_\_\_\_\_ The above named student may carry his/her prescribed epinephrine cartridge injector for administration by trained bus drivers on district transportation as needed to protect the student against serious harm or death.

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Date	Signature of Provider	Stamp
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Date	Signature of Parent/Guardian	Print Name of Parent/Guardian
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*Note: Signed authorizations will expire at the end of a given school year and must be provided annually to be valid.*