



**CONSENT FORM FOR ADMINISTRATION OF EPIPEN® / ANA-KIT®**  
**Formulaire 230,57b**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Principal

\_\_\_\_\_  
 Name of School

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

Dear \_\_\_\_\_:  
 Name of Principal

Re: \_\_\_\_\_  
 Name of Student

We are writing to request that epinephrine \_\_\_\_\_ and \_\_\_\_\_  
 (EpiPen®/Ana-Kit®) (brand of antihistamine)  
 be administered to \_\_\_\_\_ in the event of an anaphylactic medical emergency.  
 Name of Student

\_\_\_\_\_  
 Types of allergens  
 must be avoided as ingestion in any form could be fatal. All emergency procedures are outlined on  
 Form 230,57a (E) - **EMERGENCY ALLERGY ALERT FORM.**

We appreciate very much your cooperation and understanding in this matter.

Sincerely,

\_\_\_\_\_  
 Doctor / Date

\_\_\_\_\_  
 Parent / Date

\* From L'anaphylaxie: Guide à l'intention des commissions et conseils scolaires