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WALLENPAUPACK AREA SCHOOL DISTRICT

Michael R. Silsby
Superintendent

Keith Gunuskey
Assistant Superintendent

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Board Secretary

PARENT/GUARDIAN NOTICE

Medication Consent – EpiPen

Date: _____

My child, _____, has been instructed in the proper use of the EpiPen. He/She also understands the importance of reporting to the health office if the EpiPen is used in the school. Abuse of the EpiPen will result in loss of privilege to carry the medication. An additional EpiPen should be kept in the health office.

The school requests that the physician and the parent sign and return this document to the health office as soon as possible. A separate prescription from the doctor is also necessary.

We, _____(physician) and _____(parent), request that _____(student) be permitted to carry the EpiPen and keep it in his/her possession.

Physician Signature: _____

Parent Signature: _____