Norwalk Public Schools
REFUSAL TO PERMIT ADMINISTRATION
OF EPINEPHRINE FOR EMERGENCY FIRST AID

Name of Child:_____ Date of Birth:_____

Address of Child:
_____

Name of
Parent(s)/Guardian(s):_____

Address of
Parent(s)/Guardian(s):_____
(if different from child)

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parent or guardian of a student to submit a written directive to the **school nurse <u>or</u> school medical advisor** that epinephrine shall not be administered to such student in emergency situations. **This form is provided for those parents who refuse to have epinephrine administered to their child.** The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student
refuse to permit the administration of epinephrine to the above named student for purposes of emergency first aid in the case of an allergic reaction.

_____ _____
Signature of Parent/Guardian Date

Please return the completed original form to your child's school nurse.

10/2017, 10/2023

Norwalk Public Schools

REFUSAL TO PERMIT ADMINISTRATION
OF OPIOID ANTAGONISTS FOR EMERGENCY FIRST AID

Name of Child:_____ Date of Birth:_____

Address of Child:
_____

Name of
Parent(s)/Guardian(s):_____

Address of
Parent(s)/Guardian(s):_____
(if different from child)

Connecticut law authorizes the school nurse and other qualified school personnel in all public schools to maintain opioid antagonists (Narcan) for the purpose of administering emergency first aid to students who experience an opioid-related drug overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of opioid antagonists. State law permits the parent or guardian of a student to submit a written directive to the **school nurse <u>or</u> school medical advisor** that opioid antagonists shall not be administered to such student in emergency situations. **<u>This form is provided for those parents who refuse to have opioid antagonists administered to their child.</u>** The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of_____,
Print name of parent/guardian Print name of student
refuse to permit the administration of opioid antagonists to the above named student for purposes of emergency first aid in the case of an opioid-related drug overdose.

_____ _____
Signature of Parent/Guardian Date

Please return the completed original form to your child's school nurse.

6/2022, 10/2023