



Walnut Bend Independent School District

47 County Road 198
Gainesville, Texas 76240
www.walnutbendisd.net

(940) 665-5990
(940) 665-9660 fax

Ken Kemp, Superintendent
ken.kemp@walnutbendisd.net

I DO NOT FEEL the need to have an EpiPen/Inhaler medication available in the school office for my child.

(Student Name) _____

_____ Student is no longer diagnosed with Asthma and does not carry a rescue inhaler.

Print name of physician who released student from diagnosis.

_____ Student is no longer diagnosed with Anaphylaxis and does not carry and EpiPen.

Print name of physician who released student from diagnosis.

_____ Student is only treated at home during illness.

_____ Student is diagnosed but student's physician give no treatment.

Print name of physician who gives no treatment for diagnosis.

_____ Other – Please explain why STUDENT DOES NOT CARRY OR WILL NOT STORE an Inhaler or EpiPen medication at Walnut Bend ISD

By signing this Authorization, I readily acknowledge that the student will not store an EpiPen/Inhaler in the school office or Athletic department. If any emergency occurs,

911 and parent/guardian will be notified. I hereby release any Health Care Provider, staff, athletic department, and school district from any liability that may accrue from not keeping an emergency EpiPen or Inhaler in the school district while enrolled at Walnut Bend ISD.

Please sign this form and return to the school office.

Parent Signature _____ Date _____

Phone Number _____ Email Address _____

Parent Printed Name _____

Name of student's health care provider _____

Health care provider phone number _____

Parent Signature _____ Date _____

Phone Number _____

Parent Printed Name _____ E-

mail Address _____

Name of Student's Health Care Provider _____

Phone Number _____