SOMERSET COUNTY VOCATIONAL & TECHNICAL SCHOOLS
P.O. Box 6350 • 14 Vogt Drive • Bridgewater, NJ 08807-0350 • (908) 526-8900 • Fax: (908) 526-9212 • www.scvths.org

Michael Meyer
Principal

Robert Presuto
Superintendent of Schools

EPI-PEN/GLUCAGON DELEGATE PERMISSION-FOR

To the Parent/Guardian of_____:

Your child has been identified as needing an Epi-pen/glucagon for life threatening anaphylaxis/insulin reaction. We have on file the doctor orders with your signature Giving the school permission to administer the medication.

This letter is to inform you that when your child is on a school sponsored activity a staff member, who is annually trained as a delegate, will be assigned to accompany them on the trip in case the need arises for the use of the Epi- pen/glucagon. The same staff member might not accompany the child each time.

By signing this letter, you are giving the school permission to assign a delegate to your child. This letter will give us permission for the entire time your child is attending SCVTHS.

Parent/Guardian_____Date: _____