

FORM #17  
Please complete  
and return  
ASAP



## EPI-PEN FORM



*This form must be completed for all students with food and/or other allergies.*

Child's Name \_\_\_\_\_ Color Group \_\_\_\_\_

\_\_\_\_\_ My child has a Doctor prescribed Epi-Pen.

\_\_\_\_\_ My child does not have a Doctor prescribed Epi-Pen.

**NOTE: If your child has allergies that require him/her to have an Epi-Pen, please notify the RMS Office as soon as possible as additional forms must be completed by your child's pediatrician and must be submitted to the school along with two Epi-Pens prior to his/her first day of school.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_