



# WALLENPAUPACK AREA SCHOOL DISTRICT

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2552 Route 6  
Hawley, PA 18428-7045  
(570) 226-4557 Option 6  
Fax: (570) 226-0638

**Keith Gunuskey**  
Superintendent

**Jay Starnes, Ed. D.**  
Assistant Superintendent

**Kerriann Horan**  
Business Administrator

**Lindsey Shaheen**  
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: \_\_\_\_\_