



**LEVITTOWN PUBLIC SCHOOLS**  
**Levittown Memorial Education Center**  
**150 Abbey Lane**  
**Levittown, New York 11756**



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Ms. Michele Ortiz, **Curriculum Associate**  
Office of Assessments, Data, ENL  
516-434-7056  
Central Registration  
516-434-7058

Date: \_\_\_\_\_

As parent/guardian of \_\_\_\_\_, I hereby give my permission for my son/daughter to carry and use his/her EpiPen. He/she is allergic to \_\_\_\_\_ and may require immediate treatment. He/she has been instructed in the proper uses of the EpiPen, understands it is for personal use only, and that it cannot be shared.

My child knows that the Health Office must be informed following the use of the EpiPen.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Physician Stamp