



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



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