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### ACKNOWLEDGEMENT AND WAIVER FORM TO NOT CARRY AN EPINEPHRINE AUTO INJECTOR

DATE: \_\_\_\_\_

ACKNOWLEDGEMENT AND WAIVER FORM FOR: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Print Name of Student

I hereby acknowledge that I have read and understand the Halton Catholic District School Board's Policy with respect to Life Threatening Allergies (Anaphylaxis) as outlined in the Parent/Guardian Anaphylaxis Package.

I hereby acknowledge that the Halton Catholic District School Board requires students who are capable and *in Grade One and older* and have a Life Threatening Allergy (Anaphylaxis) to carry an EpiPen® auto injector in case of emergency.

I hereby acknowledge that I understand that there is a risk that my child \_\_\_\_\_ who has a Life Threatening Allergy (Anaphylaxis), may come into contact with his/her life threatening allergen while at school.

I hereby acknowledge and confirm that contrary to the Halton Catholic District School Board's Policy with respect to Life Threatening Allergies (Anaphylaxis), I refuse to allow or do not feel it is necessary for my child \_\_\_\_\_ to carry an EpiPen® while on school property, in case of an emergency Life Threatening Allergic reaction for the \_\_\_\_\_ school year. I also acknowledge that on excursions, off school property, my child must carry an EpiPen® or lose the opportunity to participate in the excursion or activity.

I hereby acknowledge that the Halton Catholic District School Board takes no responsibility and will not be held responsible for any incident involving my child that results from a Life Threatening Allergic reaction (Anaphylaxis).

I hereby waive and release in favour of the Halton Catholic District School Board, its directors, officers, employees, agents and those for whom the Board may be responsible in law, of and from any and all liability, manner of action, causes of action, claims and demands whatsoever for any cause whatsoever which may arise immediately or in the future as a result of my child having a Life Threatening Allergic reaction (Anaphylaxis) while at school or during a school related activity.

I confirm that by signing this form I have understood and agreed to the above Acknowledgement and Waiver.

Submit to: T. Overholt, Superintendent of Education

School Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Work Telephone #

\_\_\_\_\_  
Cell Telephone #

EpiPen® Acknowledgement and Waiver Letter  
c. Student's Individual Plan/OSR file  
Superintendent of Schools  
Parent