

**Village Montessori and Preparatory School
Allergy Treatment Consent Form**

This form applies to all students whether they have a known allergy or not. The purpose of this form is for parents to grant permission for VMPS school staff to administer medication to their child in the event of an allergic reaction. This form is required for admission. VMPS will consider exceptions to this requirement but any exceptions are at the sole discretion of the director or assistant director.

Emergency treatment: VMPS must follow DSS regulations regarding administering medications. Therefore, the signature portion at the bottom of this form must be signed by one parent or legal guardian whether or not your child has a known allergy.

To be completed by the parent or legal guardian:

In the event of an allergic reaction in a child with known allergies, VMPS staff will follow the child's action plan per his or her pediatrician's or allergist's written guidance. Should the child not have the appropriate medication on hand, VMPS may use the school's medication.

In the event that my child has a reaction to an unknown allergen or does not have the appropriate medication on hand at VMPS, I give consent to VMPS staff to give my child (print name) _____ Benadryl or equivalent antihistamine (orally and one time) medication. In the event of an allergic reaction and if my child is showing severe symptoms OR if VMPS staff is unsure if it is a life-threatening situation, I give consent for VMPS staff to administer epinephrine medication as a life-saving treatment.

PARENT'S SIGNATURE: _____

DATE: _____