

HERITAGE CHRISTIAN SCHOOL
MEDICATION AGREEMENT 2011-2012
(BEE STINGS)

STUDENT NAME _____ GRADE _____

It is our understanding that our son/daughter has a known allergic reaction to bee stings. We know and understand the risks associated with bee stings and we give our permission to those who work at Heritage Christian School to administer medication to counter act the allergic reaction.

We have provided Heritage Christian School with the EpiPen, obtained through our family physician.

Parent/Guardian Signature

Date