

Dear Parents,

During the teacher work week our entire staff renewed their First Aid and CPR training. As part of this training we discussed many topics of concern, especially allergies and epipens. It was decided that, as a whole, we needed permission from **all** of the parents to administer liquid benadryl in case of an unforeseen allergic reaction (i.e.: to a bee sting or an unknown food allergy).

When given this permission our policy will be to:

1. administer 1 teaspoon of liquid benadryl (a bottle is in every classroom) if we see hives and/or swelling develop
2. call you and then
3. call 911 if necessary, or vice versa.

Please remember, most of us here are mothers and/or have been working with children for many years. We will use our best judgment when deciding to give medicine and always inform you of any reactions we may see. Rest assured that the safety and well being of your child is our top priority and is the reason we are seeking this permission.

By checking the appropriate statement and signing the bottom of this page you are giving the staff of Norbeck Montessori Center permission to administer a teaspoon of liquid benadryl in case of an unforeseen allergic reaction.

_____ I give the staff of Norbeck Montessori permission to administer 1 teaspoon of liquid benadryl in case of an unforeseen allergic reaction (i.e.: to a bee sting or an unknown food allergy). I agree to the policy (steps 1- 3) outlined above.

_____ I do not give the staff of Norbeck Montessori permission to administer liquid benadryl in case of an unforeseen allergic reaction.

Child's Name (please print)

Parent/Guardian Signature

Date