



Benjamin Franklin Classical Charter Public School

KNOWLEDGE • CHARACTER • RESPONSIBILITY • COMMUNITY

500 Financial Park in Franklin, Massachusetts 02038 | Health Office 508.528.1945 fax 508-541.8483 | BFCCPS.org

MEDICAL STATEMENT FOR CHILDREN WITH LIFE-THREATENING ALLERGIES

To be Completed by Health Care Provider and Parent/Guardian

Student's Name: _____ Birthdate: _____ Grade/Teacher _____

1. Please List LIFE-THREATENING allergens:

2. Please list foods to be omitted from diet, and/or substances to avoid:

3. Is this student trained, capable, and willing, and permitted to self-administer his/her Epinephrine Auto-Injector? yes no

4. Should this student sit at the nut-sensitive table during lunch? (Students who sit at the nut-sensitive table are asked to avoid bringing foods that contain peanuts and tree-nuts. Special attention is given to cleaning and sanitizing these tables.) yes no N/A

5. Will you allow an unlicensed person who is trained in Epinephrine Auto-Injector administration to give this child's Epinephrine Auto-Injector to him/her in the event of an emergency? yes no

6. I give permission to the School Nurse to share with appropriate school personnel information relative to my child's life-threatening allergy diagnosis and management? yes no

7. BFCCPS encourages the wearing of Medic-Alert or other similar type of jewelry, alerting others to the child's life-threatening allergy(ies).

Signature of Health Care Provider

Telephone Number

Date

Parent/Guardian Signature

Telephone Number

Date