

## Antietam School District

100 Antietam Road  
Reading, PA 19606

To Whom It May Concern:

My daughter/son, \_\_\_\_\_, is allergic to wasp, hornet, and in general any bee stings. In the event she/he should be stung, it is imperative that she/he receive an injection and medication which has been prescribed by Dr. \_\_\_\_\_. I hereby request that the school nurse, the teacher, the head teacher or any school personnel immediately available in the event that medication is necessary, administer same to my daughter/son.

I hereby release and hold harmless any person carrying out the instructions contained in this authorization.

I will appreciate the cooperation and understanding of school personnel in this matter which might be a matter of life or death for \_\_\_\_\_.

Signed \_\_\_\_\_  
(Parent or Guardian)

This form should be accompanied by instructions from the doctor concerning the administering of the medication.