

SPORTS EMERGENCY MEDICATION FORM

The state of Connecticut has set directives regarding students on athletic teams who have conditions that may require the use of an Epipen or an inhaler while involved in after school athletic team activities. Your son/daughter has expressed an interest in participating in after school athletics at Saint Bridget School. Because medications that are kept in the nurse's office during normal school hours are **not** accessible during these after school activities, parents of children with medical conditions requiring an Epipen or inhaler will need to provide that medication to the coach to have on hand during these athletic activities in case of a medical emergency. If you, the parent, will not be able to get the medication to the coach for each practice and/or game, it will be the responsibility of your child to bring that medication to the coach before that practice or game, and also their responsibility to take home with them that medication after the practice or game.

If your child has a medical condition that requires an epipen or inhaler, this form must be completed and signed by both the student and a parent, and returned to the school nurse before he/she will be able to participate in the athletic activity. By signing this form you and your son/daughter agree to three things:

1. That you and your son/daughter will be responsible for providing the coach with the necessary emergency medication before every practice and/or game.
2. That you and your son/daughter will be responsible for taking that medication home with them after every practice and/or game.
3. That your son/daughter has your permission to carry that emergency medication in his/her backpack during school hours, and agrees to leave it in his/her backpack until practice and/or game time.

I am aware of the inconvenience and/or expense of providing another Epipen or inhaler. However, the directives were derived by the State of Connecticut with the safety and health of the students as a priority.

Please feel free to email or call me with any questions or concerns.

Sincerely,

Kathy Ardesia R.N.
School Nurse, St. Bridget School

Athlete's Name _____ Date _____

Athlete's Signature _____ Date _____

Parent Signature _____ Date _____

_____ My child does not require having emergency medication at athletic activities

Parent Signature _____ Date _____