

**After reading the handbook and the notice printed below, please
sign this form and return it to the
homeroom teacher by
August 19, 2016**

**PARENT/GUARDIAN & STUDENT REVIEW
OF STUDENT HANDBOOK**

This is to verify that we parent/guardian, and student have received and read the 2016/2017 student handbook, which includes the policies and other rules and regulations of the Fort Calhoun Junior-Senior High School.

(PRINT Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

(PRINT Student Name)

(Student Signature)

(Date)

**WAIVER OF EMERGENCY RESPONSE TO LIFE THREATENING ASTHMA OR
SYSTEMIC ALLERGIC REACTIONS (ANAPHYLAXIS)
(See Appendix, page 34)**

Student Name _____ Date of Birth: _____ Grade _____

I am aware of school policy 5048 that provides a protocol for school personnel to administer EpiPen/Albuterol to a student when it is determined that the student is suffering a life-threatening asthma or systemic allergic reaction while school is in session.

After reading the school policy (see Appendix, page 34) and in the best interests of my child,
_____, I do not wish to have him/her administered Albuterol or
medication from an EpiPen by school personnel under any circumstances for the 2015/2016 school year.

(Signature of Parent/Legal Guardian/Custodian of Child)

(Date)