



Musquodoboit Valley Education Centre

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September 2020

Dear Ms. Legge:

My child, _____ [insert child's name] is diagnosed with a life-threatening allergy to: _____ [insert name(s) of allergen(s)].

I have read and understand the HRSB Life-Threatening Allergies Policy and Procedures at: <http://www.hrsb.ca/sites/default/files/hrsb/Downloads/pdf/board/policy/sectionC/C.012-life-threatening-allergies.pdf>, C.012, and wish to declare my intent that:

(select one)

_____ My child will carry his/her epinephrine auto-injector on his/her person in a fanny pack

_____ My child's epinephrine auto-injector shall be retained in the schools' Learning Centre

_____ My child will carry his/ her epinephrine auto-injector in his/her backpack

_____ My child does not currently have an epinephrine auto-injector, and I assume full responsibility for any harm that befalls my child in relation to a life- threatening allergic reaction

This agreement will be reviewed yearly, each Fall.

Sincerely,

_____ [Parent/Guardian's Signature]
_____ [Print name of parent/guardian]
_____ [Relationship]

Authorized by: _____ [Principal's Signature]
_____ [Date]