

ALLERGY TREATMENT TRAINING ACKNOWLEDGMENT

I, _____, have been trained by
_____ to administer Epinephrine
and/or to provide (Parent(s)/Guardian(s)/Designees(s)) other medical care to,
_____, a child enrolled at _____
School in the event the child has been exposed to _____
and is at risk of anaphylactic reaction, or if the child exhibits the symptoms
described in the "Authorization for Administering Medical Treatment to Children
with Severe Allergies," which is attached to and made part of this
Acknowledgment.

Employee Signature: _____

Date of training: _____