



Consent for the Administration of an Epi-Pen[®]

This form must be completed upon registration and whenever there is a change in the symptoms and/or medication given.

A. Identification

Date: _____

Participant's Name: _____ Date of Birth: _____

Program: _____ Location: _____

Program: _____ Location: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Address: _____

Phone: Res. _____ Phone: Res. _____

Bus. _____ Cell _____ Bus. _____ Cell _____

Emergency Contact: _____ Phone: _____

Relation to Child: _____

B. Parent/Guardian Informed Authorization and Release for the Administration of an Epi-Pen[®]

I/We have hereby authorized and instructed that an EpiPen[®] be administered in the event on an Anaphylaxis emergency.

I/We understand that this service will be provided by a person without medical or nursing training. It is further understood that in the absence of the regular leader a replacement leader will be assigned to the child's group.

I/We agree to provide (program site): _____ with a written updated medical statement whenever there is a change in the physician's instructions with respect to medication. It is further understood that keeping the facility staff informed is my responsibility. I/We further agree that the participant will carry the medication on their person.

I/We agree it is my responsibility to ensure the medication is properly labeled with the child's name and name of the drug, and to ensure that the drug is not expired.

I/We confirm that Dr. _____ has fully explained to me and to my child _____ the nature, effect and possible side effects of such treatment and hereby acknowledge that I have read and fully understand the following documents:

- Parent Responsibilities
- Consent for the Administration of an EpiPen[®]
- Participant Allergy Alert/Photo ID Form

I/We also understand that the Participant Allergy Alert/Photo ID Form will be posted publicly.

I/We am fully aware and recognize that Community Recreation Services programs, facilities, staff, or support people are in no way able to provide or promise a risk free or allergen free environment for my child.

My signature shall be your good and sufficient authority to administer the medication through EpiPen[®] injection, and I hereby release, indemnify and shall not hold the medication administrator, City of Cambridge, Community Development Department or any of its personnel liable for any action whatsoever which may arise out of the said medication administration, either at this given time or at any given time in the future.

Please initial each paragraph in Section B

Signature for Sections A and B

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date