



Epi Pen Authorization and Waiver of Liability

Today's Date

Program

Child's Information

Name:

Address:

Phone:

DOB

Allergies

Please include the severity of reaction, degree of exposure, frequency of reaction and management/treatment of the reaction.

Drug:

Food:

Insect:

Other:

Allergy Management/EpiPen

Y N Does your child understand their allergies and take reasonable precautions to avoid the allergens?

Y N Does your child carry an EpiPen?

Y N Does your child know how to administer their EpiPen?

Y N Will your Child's EpiPen be stored at Create and Discover?

Y N If Your Child's EpiPen is being stored at Create and Discover, do we have your consent to transfer the EpiPen from Create and Discover to our program while your child is in attendance to then return to the C&D program

Y N Is there any specific storage required for this medication?

Please Read Carefully:

Medication must be left with the Camp Director or Camp Staff.

Parents or Create and Discover Staff must use medication form and sign out sheet upon transporting or administering medication.

I hereby authorize the Town of Salem, Community Services Department, employees and agents on my behalf, to administer or attempt to administer to my child, or allow my child to self-administer the lawfully prescribed EpiPen.

I acknowledge that it may be necessary for the EpiPen medication to be administered to my child by an individual who is not a nurse or medical professional, and I specifically consent to such practice. I hereby waive any claim for myself my heirs, executors, assigns, or personal representative that I might have against the Town of Salem, The Community Services Department, its employees, officials, or agents from and against any and all claims, damages or causes of action arising out of or in anyway connected to the self-administration, administration, failure to administer, or attempt to administer EpiPen medication to my child.

I further agree to protect, indemnify, defend and hold harmless the Town of Salem, Community Services Department, its employees, officials, or agents from and against any and all claims, damages or causes of action arising out of or in any way connected to the self-administration, administration, failure, to administer or attempt to administer EpiPen medication to my child.

Parent/Guradian Signature:

Date:

Parent/Guradian Printed Name:

