

EPIPEN AUTHORIZATION AND WAIVER OF LIABILITY

Please read over the Museum of Life and Science's EpiPen Medication Policy when filling out this form.



Child's Last Name: _____ M.I. _____ First: _____

Address: _____

Phone Number: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact (Person to notify if parent cannot be reached)

Name: _____

Relationship to camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Allergies

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

Drug: _____

Food: _____

Insect Sting/Bites: _____

Seasonal Allergies: _____

Other: _____

Allergy Management/EpiPen

Yes ___ No ___ Does your child understand their allergies and take reasonable precautions to avoid the allergens?

Yes ___ No ___ Does your child carry an EpiPen?

Yes ___ No ___ Does your child know how to administer their EpiPen?

Yes ___ No ___ Do you recommend this EpiPen be kept on person by the child?

Yes ___ No ___ Is self-medication permitted and recommended for this child?

Yes ___ No ___ Is there and specific storage required for this medication? _____

Please Read Carefully:

Medication must be left with the Camp Educator or their designee. It must be in the original container and be clearly labeled with your child's full name, prescriber's name, directions for administration and expiration date.

I hereby authorize Museum of Life and Science 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 Museum of Life and Science, 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 Museum and Life of Science, 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/Guardian Signature: _____

Printed Name: _____

Date: _____

I authorize and recommend self-medication by my child for the EpiPen medication. In the event my child is unable to self-administer or if I have recommended that my child not self-administer, staff have my permission to administer the EpiPen for my child in the event of an allergic reaction.

Parent/Guardian Signature:

Printed Name: _____

Date: _____