

## **EPI-PEN AUTHORIZATION AND WAIVER OF LIABILITY**

**Please read over the City of Bellevue's EpiPen Medication policy when filling out this form.**

**Name of Child: Last** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **First:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone: Area Code:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Parent/Guardian Contact Information:**

**Parent/Guardian #1**

**Parent/Guardian #2**

**Name** \_\_\_\_\_

\_\_\_\_\_

**Home Phone** \_\_\_\_\_

\_\_\_\_\_

**Work Phone** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact: (Person to notify if parents cannot be reached)**

**Name** \_\_\_\_\_

**Relationship to Camper** \_\_\_\_\_

**Home Phone: Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

### **ALLERGIES**

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

- Drug: \_\_\_\_\_
  - Food: \_\_\_\_\_
  - Insect Stings/Bites: \_\_\_\_\_
  - Seasonal Allergies: \_\_\_\_\_
  - Other: \_\_\_\_\_
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### **ALLERGY MANAGEMENT/EPI-PENS**

- Does your child understand his/her 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 his/her 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 any specific storage requirements for this medication? \_\_\_\_\_
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More on Reverse Side of Form

**PLEASE READ CAREFULLY:**

*Medication must be left with the Program Supervisor or his/her 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 Bellevue Parks 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 epi-pen 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 City of Bellevue, 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 epi-pen medication to my child. I further agree to protect, indemnify, defend and hold harmless the City of Bellevue, its employees, officials or agents arising out of or in any way connected to the self administration, administration, failure to administer or attempt to administer medication to my child.*

*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Printed Name* \_\_\_\_\_

*I authorize and recommend self-medication by my child for the epi-pen 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 epi pen for my child in the event of an allergic reaction.*

*Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

*Printed Name* \_\_\_\_\_