

Leisure Services Program: _____

Date(s) of Program: _____

PARENT AUTHORIZATION FOR THE DEPARTMENT OF HUMAN & LEISURE SERVICES OF THE TOWN OF WEST HARTFORD TO ADMINISTER EPINEPHRINE INJECTION (Part I and Part II must be completed before a child can participate in programs.)

PART I (To be completed by parent or guardian)

I, _____, parent/guardian (circle one) of _____, hereby give permission to any employee, contractor, or volunteer working for, or associated with the Department of Human & Leisure Services of the Town of West Hartford to assist in the administration of epinephrine injection(s) to _____ ONLY through the use of a pre-measured auto-injector (ie. Epi-Pen) as directed by the physician in PART II below.

In giving permission to the Department of Human & Leisure Services to administer epinephrine injection(s), I hereby agree to the following:

1. I agree to indemnify, defend and hold harmless the Town of West Hartford, the West Hartford Board of Education, their officials, officers, employees, contractors, agents and/or volunteers from any liability whatsoever for any act or omission concerning the administration of the epinephrine injection to the child listed above including, but not limited to the issues addressed in the following paragraphs.
2. I am aware that my child may be in the care of an individual with no medical training, and I understand that the injection could be administered incorrectly or may not be administered when medically appropriate. I assume the risk of delegating this responsibility to an individual who is not medically trained.
3. I understand and assume the risk that in the event that Part II of this form indicates that my child is competent and able to self-administer, my child will be permitted to carry the Epi-Pen throughout the program and will be free to determine whether to administer the Epi-pen without direction or supervision by Leisure Services staff.
4. It is my duty to provide the Epi-Pen every time my child attends a program sponsored by the Department of Human & Leisure Services. If my child is not competent and able to self-administer, the Epi-Pen will be provided to the adult in charge in a secure container. The Epi-Pen will not be stored overnight by the Department of Leisure Services.
5. It is my duty to insure the medication is labeled properly and has not expired.
6. It is my duty to insure the Epi-Pen is functioning properly and does not need replacement.
7. I understand that only premeasured doses of epinephrine will be given. I understand that if the physician orders include a repeat of Epi-Pen injection, then two Epi-Pens must be supplied. I also understand that if the physician's orders change, I will provide Leisure Services with an updated replacement for this form.

Parent or Guardian Signature

Date

Leisure Services Program: _____

Date(s) of Program: _____

PART II (To be completed by physician)

_____, residing at _____
Patient/Child

and born on _____, is to receive _____
Name of Medication

Dose _____ Frequency _____

Reason for prescribing: _____

The Epi-Pen injection will be given immediately after report of exposure to (indicate allergen and type of exposure, e.g., ingestion, skin contact, or inhalation):

Side effects to watch for:

Special instructions:

Is patient competent and able to self-administer? Yes/No (circle one)

M.D. Signature

Date

Printed Name of M.D. _____

Address _____

Phone Number _____