

Dots and Doodles EpiPen Authorization Form

Child's First & Last Name: _____

Parent/Guardian Name: _____

Cell Phone: _____

Additional Contact (person to notify if parent cannot be reached)

Name: _____

Relationship to camper: _____

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

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

Is self-medication permitted and recommended for this child? YES NO

Please Read Carefully:

Medication must be left with a Dots and Doodles Staff member. 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 Dots and Doodles and its 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 Dots and Doodles, 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 Dots and Doodles, 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: _____

