

CITY OF COPPELL YOUTH PROGRAMS
Epi-Pen Authorization Form

Child's Name:	Date:
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Parent's Names:	
Daytime Emergency Phone Number:	

My child is allergic to the following:

1. _____
2. _____
3. _____
4. _____

Please choose the medication for your child: Epi-Pen _____ Epi-Pen Jr. _____

Please initial if agreed:

_____ I hereby authorize City of Coppell staff to administer an epinephrine (Epi-Pen) injection to my child if needed. I agree to release, indemnify, and hold harmless City of Coppell staff, from lawsuits, claims expenses, demand or action against them for administering this injection. I am aware the injection may be administered by an individual who is not a trained health professional.

_____ I authorize my child to self-administer, as medically necessary, his/her prescribed Epi-Pen. I confirm that my child has the knowledge and skills to safely handle and self-administer the Epi-Pen while at Camp.

_____ I authorize City of Coppell staff to assist in administering, as medically necessary, my child's Epi-Pen. If my child is not able to self-administer their Epi-Pen, I will allow City of Coppell staff to do so, in the case of an emergency. I agree to release, indemnify, and hold harmless City of Coppell staff, from lawsuits, claims expenses, demand or action against them for administering this injection. I am aware the injection may be administered by an individual who is not a trained health professional.

All Epi-Pens should be given to Camp staff along with this form and should not be placed in a child's bag without informing staff.

I also understand that Emergency Medical Services (EMS) will be called when epinephrine is given, whether or not the child manifests any symptoms of anaphylaxis.

Parent/Guardian Signature

Date