



Warren Township

Recreation Commission

Warren Township Summer Playground Program

EPINEPHRINE / EPI-PENS AUTHORIZATION

I, _____(Print parent/guardian name), hereby authorize the Warren Township Recreation Program Employee(s) specifically trained by a health care provider in the administration of an Epinephrine auto-injector to administer the medication prescribed for my child , _____(print child's name), for anaphylaxis.

I have provided the Warren Township Summer Playground with written orders from the prescriber (physician) that my child requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication, as well as the written instructions from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for my child.

I understand that I must send my child with his/her prescribed medication to the Warren Township Summer Recreation Playground Program each day that he/.she attends. The medication must be packaged according to the manufacturer's instructions and labeled clearly with my child's name.

I, _____(print parent/guardian name) understand that if procedures specified in Warren Township Recreation Commissions Epinephrine Policy are followed, the Township of Warren shall have no liability as a result of any injury arising from the administration of an epinephrine auto-injector device to my child, and I, _____(print parent/guardian name), indemnify and hold harmless the Township of Warren and its Warren Township Summer Playground Program employees against any claims arising out of the administration of the device to my child.

I understand that this permission shall be effective for the Warren Township Summer Playground Program and shall be renewed each year upon fulfillment of the requirements listed above.

Signed: _____ Date _____

Print Name: _____