

EPIPEN AUTHORIZATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN

This form should be completed and given to the lead counsellor for the week

Name of Camper:

Date of Birth:

Address:

Parent/Guardian Name

Specific Allergen to Camper:	
Signs and symptoms when exposed to allergen:	
Can camper self-administer an EPIPEN?	
Severity of anaphylactic reaction:	
Storage and safe keeping of medication:	
Expiration date:	
Prescribing physician's name:	
Office telephone number:	

Signature of Parent/Guardian

Date

I hereby request and give permission for National Kids Camps/National Tennis School camp leaders to assist my child in administering his/her EpiPen according to the instructions completed above by the parent/guardian. I/We agree to release and indemnify National Kids Camps/National Tennis School members (including camp instructors and supervisors) of any claims that may arise as a result of:

- 1) accidentally administering the EpiPen/medication to the camper if a reaction is not actually taking place.
- 2) failing to administer or assisting the use of the EpiPen/medication at the proper time.
- 3) any negligence in administering the EpiPen/medication.

PLEASE ATTACH PHOTO OF YOUR CHILD TO THIS FORM