

## EPIPEN AUTHORIZATION

Our staff or volunteers, with parent/guardian consent if required, will assist a camper requiring an epipen injection. This form should be completed and given to your child's Supervisor.

<b>TO BE COMPLETED BY PARENT/GUARDIAN</b>
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Specific Allergen to Camper			
Signs and Symptoms when exposed to allergen			
Can camper self-administer an EpiPen?	Yes _____	No _____	Unknown _____
Severity of Anaphylactic Reaction			
Storage & Safekeeping for Medication			
Expiration Date			
Prescribing Physician's Name			
Office Address & Telephone Number			
Signature of Parent/Guardian: _____ Date: _____			

Name of Camper: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PARENT/GUARDIAN APPROVAL**

I hereby request and give permission to Undeclared Soccer Camp and staff including instructors, supervisors and volunteers to assist my child in administering his/her epipen according to Undeclared Soccer Policies and the instructions completed above by the Parent/Guardian. I fully acknowledge that with administration of an epipen there may be certain risks or hazards for which I will not hold the Undeclared Soccer or any of its staff, volunteers or members responsible.

Signature of \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian:

