

**EMERGENCY ADMINISTRATION OF EPINEPHRINE VIA EPI-PEN OR AUVI-Q**

RE: \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 Allergic Condition

**PARENTS/GUARDIANS STATEMENT**

1. In the event that our child, named above, experiences potentially life-threatening symptoms related to his/her allergic condition as described by his/her physician (see below), we authorize the emergency administration of epinephrine via epi-pen/auvi-q by an employee who is properly trained in the administration of the epi-pen/auvi-q.
2. We acknowledge our understanding that if the procedures for the emergency administration of the epi-pen/auvi-q are followed; the JCC collectively and individually, as well as its employees and agents, shall have no liability as a result of any injury arising from the administration of the epi-pen/auvi-q to our child.
3. We indemnify and hold harmless the JCC collectively and individually, as well as its employees and agents against any claims arising out of the emergency administration of the epi-pen/auvi-q to our child.
4. Permission for the emergency administration of the epi-pen or auvi-q to our child is granted for the \_\_\_\_\_ school/camp year.

**(BOTH PARENTS OR GUARDIANS MUST SIGN)**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_

Date \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

1. The following signs and symptoms indicate a potentially life-threatening allergic reaction by the above-named child who suffers from anaphylaxis.

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2. The following procedure(s) should be followed in the event of a life-threatening allergic reaction by the above-named child.

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3. The above named child is unable to self-administer epinephrine via epi-pen or auvi-q or is likely to become unable to do so in the event of an anaphylactic episode.

Physician's Name \_\_\_\_\_

Signature \_\_\_\_\_

**(Please do not use stamp)**

Date \_\_\_\_\_