

Epipen® Consent Form

Consent to assist in administering Epipen®

Participant Name: _____ Age: _____ Male: Female: Non-Binary:

Program: _____ Location(s): _____

Parent/guardian name (primary): _____ Phone: _____

Address: _____

Parent/guardian name (secondary): _____ Phone: _____

Address: _____

Emergency contact name: _____ Phone: _____

Participant Health Card (optional): _____

Parent/Legal Guardian informed authorization/release to assist in administering EpiPen®:	Parent or Legal Guardian Initials
I/we have requested that EpiPen® be administered in the event of an anaphylaxis emergency. I/we understand that this will be administered by a person without medical or nursing training.	
I also understand that it is the policy of the Town of Hanover to transport any child, who has required EpiPen® injection, to the hospital via ambulance for immediate medical care. I give my permission for this follow up care.	
I am fully aware that the Parks, Recreation & Culture Staff are in no way able to provide, or promise, a risk-free or allergen-free environment for my child.	

Parent/Guardian signature: _____ Date: _____

Personal information contained on this form is collected under the authority of the Municipal Act, and will be used solely to determine informed authorization/release for assistance in administering EpiPen® to the above named camper.