

**ROBBINSVILLE TOWNSHIP
DIVISION OF RECREATION
SUMMER CAMP**

AUTHORIZATION FOR EPIPEN ADMINISTRATION

Date _____

_____ is being treated for _____

It may be necessary that he/she receive the following Emergency Medications(s) in school:

Dose to be given _____

Date from _____ Date to _____

This medication is to be given immediately if any of the following symptoms occur.

_____, _____, _____, _____,
_____, _____, _____, _____,

The child is then to be transported to the nearest Emergency Room via ambulance.

Any adverse reactions to be expected _____

Notify practitioner if _____ occurs.

____ yes ____ no This medication may be self-administered by the student. He/she is capable
(please initial here) of and has been instructed in the proper method of self-administration.

Practitioner's Signature

____ yes ____ no I authorize the trained designee(s) to administer the above prescribed
medication(s).

____ yes ____ no I give my permission for my child to self administer the above medication(s)

Parent's/Guardian's Signature

Date

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EPINEPHRINE AUTO INJECTOR

The Township of Robbinsville shall have no liability as a result of any injury arising from the administration of a pre-filled, single dose auto injector mechanism containing epinephrine and that I shall indemnify and hold harmless the Township of Robbinsville and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto injector containing epinephrine to any child. I will be responsible for obtaining the prescription and the signed consent from my child's physician and for providing the Township with and appropriate amount of Epinephrine Auto Injectors and for replacing any expired Epinephrine Auto Injector on a timely basis. I understand that this entire consent must be renewed annually.

Parent's/Guardian's Signature

Date