



Section B: Parent/Guardian Informed Authorization and Release for the Administration of an Epi-Pen® or Medication

I/We have hereby authorized that an Epi-Pen® and/or medication listed in Section A to be administered in the event of an Anaphylaxis emergency. _____

I/We understand that this service will be provided by a person without medical or nursing training. _____

I/We agree to provide the Municipality of South Bruce with a written updated medical statement whenever there is a change in the physician's instructions with respect to medication. It is further understood that keeping the facility staff informed is my responsibility. I/We agree that the participant will carry the medication on their person. _____

I/We agree it is my responsibility to ensure the medication is properly labeled with the child's name and name of the drug, and to ensure that the drug is not expired. _____

I/We am fully aware and recognize that Recreation Services programs, facilities, staff or support people are in no way able to provide or promise a risk free or allergen free environment for my child. _____

My signature shall by your good and sufficient authority to administer the medication through Epi-Pen® injection, and I hereby release, indemnify and shall not hold the medication administrator, Municipality of South Bruce, Facilities and Recreation Department or any of its personnel liable for any action whatsoever which may arise out of the said medication administration, either at this given time or at any given time in future. _____

Please initial each paragraph in Section B

Signature for Sections A and B

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Staff Signature

Date