## **EpiPen AUTHORIZATION FORM**

Note: If you have filled out this form already AND the prescription is up to date, you do not need to fill this out again.

## Part I: Parent or Guardian to complete

I hereby authorize Christ Presbyterian Preschool (CPP) personnel to administer epinephrine injection as directed by the physician (Part II). I agree to release, indemnify, and hold harmless CPP and any of their officers, staff members or agents from lawsuit, claim, expense, demand or action against them for administering the injection, provided they follow the physician order as written in Part II below. I am aware that the injection may be administered by a specifically trained nonhealth professional. I understand that the rescue squad (911) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis. If necessary, I agree to provide a daily snack for my child.

Student name	Date of Birth		
Parent or Guardian signature	,	Date	
Emergency phone #1	Emer	Emergency Phone #2	
If the above parent cannot be	e reached, we will call the follow	wing in the order listed:	
Name	Phone Relationship		
Name Phone		Relationship	
Name	Phone	Relationship	
The following injection will  (Indicate specific allergen and t	be given immediately after report type of exposure (e/g. ingestion, skasured dose by auto injection	cin contact or inhalation)	
The following are signs and	symptoms to look for in case w	e are unaware an exposure	has taken place:
•	as appear, the following injection	<u> </u>	
Physician name printed  If EpiPen is administered	Physician signature  1, 911 will be called. Parent	Phone s or guardians will be c	Date ontacted immediately.