



Head Over Heels EpiPen and Benadryl Authorization Form

All EpiPens must be checked in to the Front Office and given to the Camp Director on the first day the child attends camp.

The following participant has been identified as needing an EpiPen when at camp.

Camper Name: _____

Know allergies: _____

Reaction: _____

Last Date of Reaction: _____

Parent or Guardian Name: _____ Emergency Contact Number: _____

CHECK ONE:

- EpiPen only
- EpiPen & Benadryl
- Benadryl only

Select ONE option, please initial selection:

_____ I hereby authorize and request Head Over Heels Athletic Arts personnel to administer an epinephrine (EpiPen) injection and/or Benadryl to my child, if medically necessary. I agree to release, indemnify, and hold harmless Head Over Heels Athletic Arts personnel, employees, contractors, or agents of the organization from lawsuits, claim expenses, demand, or action against them for administering this injection. I am aware that the injection may be administered by an individual who is not a trained health care professional. The EpiPen will be located in a designated area on site which all personnel is aware of unless there is an activity or field trip scheduled away from the organization. In such case, the instructor will carry the EpiPen during that time.

_____ I authorize my child to self-administer, as medically necessary, his/her prescribed EpiPen. I confirm that my child has the knowledge and the skills to safely carry, handle and self-administer the EpiPen in camp. I also understand that I am responsible for my child's actions and agree to release, indemnify, and hold harmless Head Over Heels Athletic Arts personnel, employees, contractors, or agents of the organization from lawsuits, claim expenses, demand or action, etc. as it relates to my child carrying his/her own EpiPen.

Check one choice:

- Give EpiPen immediately if child states he/she is exposed to allergen.
- Give prescribed does of Benadryl FIRST before EpiPen is administered; prescribed dose: _____
- Give EpiPen if child states exposure to allergen AND exhibits difficulty breathing, wheezing, swelling of face, throat, or tongue, hives over body, or loss of consciousness, nausea/vomiting, dizziness, or other signs and symptoms.

Other symptoms:

Physician/Health Care Provider _____ Child's MR # _____

Address _____ Phone Number _____

I understand that 911 will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis. I understand that I will be held responsible for all medical expenses that accrue.

Parent or Guardian Signature: _____ Date: _____