Anaphylaxis and Epinephrine Auto Injector Authorization Form

Camp LMT staff, with parent/legal guardian consent, will assist campers requiring an EpiPen injection. All campers must be able to administer their own EpiPen; however, this authorization form is for instances where the camper is physically unable to administer it themselves. This form must be completed by a parent or legal guardian and returned to the Community Center by **June 1, 2023.**

Specific allergen(s) to camper				
Signs and symptoms when exposed to allergen				
Can the camper self-administer an EpiPen?		□ Yes	□ No	
Severity of anaphylaxis reaction				
Storage preferences for medication				
Expiration Date				
Prescribing Physician's name				
Office address and telephone number				
Parent/Legal Guardian Signature:		Date:		
Name of Camper:		Birthdate:		
Address:	City:	State	: Zip:	
Parent/Legal Guardian Name:		Phone Number:		
Address:	City:	State	: Zip:	
PARENT/LEGAL GUARDIAN CONSENT				
I recognize that although there may be certain risks necessary for a Camp LMT staff member to assist v death Lunderstand that an EpiDen will not be admit	with administ	ering an EpiPen in orde	er to prevent injury or	

necessary for a Camp LMT staff member to assist with administering an EpiPen in order to prevent injury or death. I understand that an EpiPen will not be administered unless a staff member has determined that waiting for the arrival of myself, another parent or guardian, or emergency medical services would be more dangerous to the health or welfare of my child than immediately assisting my child with the EpiPen. I authorize Camp LMT staff to assist my child in administering his or her EpiPen in accordance with Camp LMT policies and the instructions that I have included in this form and I fully acknowledge and agree that I will not hold Camp LMT, Lower Makefield Township, or any of its staff, volunteers, or members responsible for any adverse reaction, including bodily injury or death.

Parent/Legal Guardian Signature: