

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 or hazards to administering an EpiPen, it may be 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: _____ **Date:** _____