

Jefferson County Parks & Recreation

AUTHORIZATION FOR MANAGEMENT OF AN ALLERGIC REACTION

Emergency injections are usually administered by non-health professionals such as, a JCPRC employee or contractor. These persons are instructed to give the injection in an emergency situation. 911 will be called while the participant or staff administers the EPIPEN.

_____ has been identified as having an allergy, which may necessitate Emergency/Medical Care. Please read this form and consult with your private physician concerning the best option for your child. Please provide your initials signature on one or more of the options below AND sign and date the bottom.

All parents/guardians must return this form and a completed medication authorization form signed off by the child's physician to a JCPRC employee on the first day of the program.

After consulting with my physician I have made the following decision:

1. I authorize my child to self-administer epinephrine and /or a pre-measured, labeled oral Medication. I will provide my child **AND** the Jefferson County Parks and Recreation with an EPIPEN and/or oral meds and a completed medication authorization form. My child will "Self Carry" a pen and/or Oral meds on their person at all times. The Oral medication **MUST ONLY** be the quantity necessary for a prescribed time (enough for the duration of the program).
Initials _____

2. I request to **have a Jefferson County Parks and Recreation delegate administer the EPIPEN in addition to self-administration.** My child does require assistance to administer an EPIPEN for anaphylaxis. I understand that the Delegate may **ONLY** administer an EPIPEN, **NO** oral meds. I will provide a pre-filled, single dose auto-injector mechanism containing epinephrine which will not expire within the duration of the program. I will instruct the JCPRC delegate on how to properly administer the EPIPEN and provide a completed medication authorization form to them on the first day of the program.
Initials _____

I acknowledge that the Board of County Commissioners of Jefferson County, West Virginia shall have no liability as a result of any injury arising from the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to the participant and that the parents or guardians shall indemnify and hold harmless the Board of County Commissioners of Jefferson County, West Virginia and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to the participant.

Parent/Guardian Signature: _____ Date: _____