



EpiPen Administration Permission Form and Release

To be completed by parent or guardian and kept on record by Calgary Chinese Pentecostal Church Ministry Staff

Child's Name as it appears on the EpiPen: _____ Age/Grade: _____

Parent/Guardian Emergency Cell/Phone: _____

My child is allergic to: _____

I hereby authorize the ministry staff and volunteers of Calgary Chinese Pentecostal Church (CCPC) to administer an EpiPen to my child if he/she has known exposure and/or severe allergic reaction. I agree to release, indemnify, defend and hold harmless CCPC and any of its staff and volunteers from lawsuit, claim, expense, demand, or action against them for administering the EpiPen provided they administer the EpiPen prescribed specifically for my child. I am aware that the injection will probably be administered by a trained staff member or volunteer who is not a healthcare professional.

I understand that I, _____ the parent/guardian of _____

Am responsible to ensure that:

- I have reviewed how to administer an EpiPen with the program staff responsible for my child, upon drop-off on the first day of the program
- My child will be carrying a non-expired EpiPen at all times while in the Daily Vacation Bible School program

The following EpiPen has been prescribed. Check as appropriate:

- EpiPen (the premeasured dose is 0.3 mg. of Epinephrine)
- EpiPen Jr. (the premeasured dose is 0.15 mg. of Epinephrine)
- My child has received adequate training on how and when to use an EpiPen and can use it properly in case of an emergency. He/She will carry EpiPens at all times.

Parent/Guardian Name

Parent/ Guardian Signature

Date



EpiPen Administration Permission Form and Release

To be completed by parent or guardian and placed in zip lock bag with EpiPens:

Child's Name as it appears on the EpiPen: _____ Age/Grade: _____

Parent/Guardian Emergency Cell/Phone: _____

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