

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 EpiF	Pen:	Age/Grade:				
Parent/Guardian Emergency Cell/Pho	ne:					
My child is allergic to:						
I hereby authorize the ministry staff and administer an EpiPen to my child if he to release, indemnify, defend and hold claim, expense, demand, or action against the EpiPen prescribed specifically for administered by a trained staff memb	/she has known exposure and d harmless CCPC and any of its ainst them for administering the my child. I am aware that the	/or severe allergic reaction. I agree s staff and volunteers from lawsuit, ne EpiPen provided they administer injection will probably be				
I understand that I,	the parent/guardian	of				
Am responsible to ensure that:						
I have reviewed how to acchild, upon drop-off on th		program staff responsible for my				
☐ My child will be carrying a School program	non-expired EpiPen at all tim	es while in the Daily Vacation Bible				
The following EpiPen has been prescri	bed. Check as appropriate:					
☐ EpiPen (the premeasured dos	e is 0.3 mg. of Epinephrine)					
☐ EpiPen Jr. (the premeasured d	☐ 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 ca properly in case of an emergency. He/She will carry EpiPens at all times.						
Parent/Guardian Name	 Parent/ Guardian Signature	 				



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:Parent/Guardian Emergency Cell/Phone:My child is allergic to:							
EpiPen to defend against	to my child if he/she has kno and hold harmless CCPC and them for administering the I	f and volunteers of Calgary Chown exposure and/or severe a d any of its staff and voluntee EpiPen provided they adminis obably be administered by a	allergic reaction. I agre rs from lawsuit, claim, ster the EpiPen prescri	e to release, indemnify, expense, demand, or action bed specifically for my child.			
The fol	lowing EpiPen has been p	rescribed. Check as approp	oriate:				
	EpiPen (the premeasure	d dose is 0.3 mg. of Epinep	hrine)				
	EpiPen Jr. (the premeasu	(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/G	Guardian Name	Parent/ Guardian Signa	ature	Date			
Child's	To be completed Name as it appears on the	Administration Permission by parent or guardian and place EpiPen:	aced in zip lock bag wit	h EpiPens:			
My chil	d is allergic to:						
EpiPen to defend a against I am aw	to my child if he/she has kno and hold harmless CCPC and them for administering the I	f and volunteers of Calgary Chown exposure and/or severe a I any of its staff and voluntee EpiPen provided they adminis obably be administered by a	allergic reaction. I agre rs from lawsuit, claim, ster the EpiPen prescri	e to release, indemnify, expense, demand, or action bed specifically for my child.			
The fol	lowing EpiPen has been p	rescribed. Check as approp	oriate:				
	☐ 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/G	uardian Name	Parent/ Guardian Signa		 Date			