

City of Roseville Parks, Recreation & Libraries Use of Epinephrine Authorization and Release

Part 1 - To be completed by parent/legal guardian

I hereby authorize the City of Roseville Parks, Recreation & Libraries Department, including but not limited to its employees, agents, contractors and volunteers (hereinafter "staff"), to facilitate Epinephrine injections to the minor child/participant identified below as directed by his/her physician below.

I am aware that the injection may be facilitated by a specifically trained non-health professional. I understand that emergency services will always be called when Epinephrine is injected, whether or not the participant manifests any symptoms of anaphylaxis.

I agree to release, defend, indemnify, and hold harmless the City of Roseville and its staff from any claims, losses, actions, damages, personal injury (including death), costs and expenses (including attorneys' fees), and liability of any kind or nature (collectively "Claims") directly or indirectly arising out of the City's administration and/ or facilitation of the Epinephrine injection to the minor child/participant listed below. This agreement shall be broadly construed.

Participant Name

Birthdate

Parent/Legal Guardian Name

Telephone

Parent/Legal Guardian Signature

Date

Part 2 - To be completed by the participant's physician

The City of Roseville Parks, Recreation & Libraries Department, including but not limited to its employees, agents, contractors and volunteers (hereinafter "staff") may facilitate the epinephrine injection immediately after report of exposure to:

(Indicate specific allergen)

Please check as appropriate: *medication expiration date must be clearly indicated.

Ana-Kit

_____ Give premeasured dose of 0.3 mg of Epinephrine 1:1000 aqueous solution. (0.3 cc)

_____ Repeat dose in 15 minutes if rescue squad has not arrived. (2 kits will be needed)

Epi-Pen Jr.

_____ Give the premeasured does of 0.15mg Epinephrine 1:2000 aqueous solution (0.3 cc)

_____ Repeat dose in 15 minutes if rescue squad has not arrived. (2 kits will be needed)

Epi-Pen

_____ Give the premeasured does of 0.3mg Epinephrine 1:1000 aqueous solution. (0.3 cc)

_____ Repeat dose in 15 minutes if rescue squad has not arrived. (2 kits will be needed)

Other: _____

I certify and acknowledge that the participant has received information on how and when to use Ana-Kit/Epi-Pen Jr) Epi-Pen/ Other: _____ (Identify)
(Circle all that apply) and that he/she can use it properly in an emergency.

Physician Name (print)

Telephone

Physician Signature

Date

Medication Chart

Staff Documentation of Medication Administration

Participant Name: _____

[illegible]