## AUTHORIZATION/VERIFICATION FOR THE USE OF EPINEPHRINE RELEASE AND INDEMNIFICATION AGREEMENT

## PART 1 - To be Completed By Parent or Legal Guardian

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

I certify that I have read, understand and have complied with the Information and Procedures relating to the Use of Epinephrine on the back of this form and I assume the responsibilities therein as required. I am aware that the injection may be facilitated by a specifically trained non-health professional. I understand that emergency/rescue will always be called when Epinephrine is injected, whether or not the child 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 listed below. This agreement shall be broadly construed.

Child's Name	DOB/ AgeSexMF
Parent/Legal Guardian Signature	Date
PART II – To be Completed	l by the Child's Physician
Emergency injections are facilitated by non-her American Red Cross to facilitate the injection. Epinephrine may be given. City Staff are not to the development of symptoms before facilitatin injection immediately after report of exposure to the development of symptoms before facilitating injection immediately after report of exposure to the development of the symptoms before facilitating injection immediately after report of exposure to the symptoms of the symptoms are facilitated by non-her american Red Cross to facilitate the injection.	For this reason, only pre-measured doses of rained observers; therefore cannot observe g the injection. Facilitate the following
(Indicate specific all	ergen)
Check as appropriate: *medication expiration	date must be clearly indicated.
Ana-Kit  Give premeasured dose of 0.3 mg of Epin Repeat dose in 15 minutes if rescue squ  Epi-Pen Jr.  Give the premeasured does of 0.15mg E	ad has not arrived. (2 kits will be needed) pinephrine 1:2000 aqueous solution. (0.3 cc)
Repeat dose in 15 minutes if rescue squ	ad has not arrived. (2 kits will be needed)
	inephrine 1:1000 aqueous solution. (0.3 cc) ad has not arrived. (2 kits will be needed)

Other (Identify)		
I certify and acknowledge that this m to use Ana-Kit/Epi-Pen Jr./ Epi-Pen he/she can use it properly in an eme	/ Other ( <i>Identify</i> ) ( <i>c</i>	ormation on how and when circle all that apply) and that
Physician's Name (Print)	Address (Print)	Telephone
Physician's Signature	Date	
When this Authorization is complete, maintained with a copy of a Medicati receive a copy upon request.	the original will be placed on Chart. The child's pare	in child's file and shall be ent or legal guardian will
Signature of City of Roseville Staff	Program Site and Date	

MEDICATION CHART Staff Documentation of Medication Administration		
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
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Upon con to the chi record.	ipletion or expirat ild's parent/legal (	tion of effective date, medication must be returned directly guardian or destroyed, and this form placed in child's
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

## Information and Procedures Epinephrine

- 1. Epinephrine may not be administered without parent/legal guardian <u>and</u> physican's authorizations. The child's physician's name, address and telephone number shall be provided.
- 2. Use of medication of any kind is not permitted and may not be accepted by City staff unless the appropriate authorization form is completed and signed.
- 3. A physician may use office stationery or prescription pad in lieu of completing Part II provided the required information is legible. Information necessary includes: child's name, date of order, duration of order, diagnosis, medication name, dosage, interval of repeating dosage, symptoms, potential side effects and expected response, instructions for proper storing of the medication, identification of other medications the child is taking, the physician's signature and the date.
- 4. The parent/legal guardian is responsible for submitting a new form each time there is a change in dosage or a change in the conditions under which Epinephrine is to be injected.
- 5. Only premeasured doses of Epinephrine may be given by the City of Roseville staff.
- 6. Medication must be properly labeled by pharmacist. Expiration date must be clearly indicated.
- 7. If repeat doses of injections are in the physician's order, the parent/legal guardian must supply also least two injections and/or kits.
- 8. Medications must be hand-delivered by the parent/legal guardian and any unused portions must be picked up by the parent/legal guardian immediately after effective date expires or on child's last day.
- 9. All medication is kept in a locked area and only accessible to authorized City staff, unless participant has a signed parental release to carry medication.
- 10. The City of Roseville Parks and Recreation Department and its staff does not assume responsibility for unauthorized medication taken independently by the child.
- 11. Under no circumstances may the City of Roseville and its staff permit, administer or facilitate the taking of medication outside the procedures outlined herein.