

**MOUNT KISCO RECREATION DEPARTMENT
2023 EPI-PEN
SELF-ADMINISTRATION PERMISSION FORM
PLEASE PRINT CLEARLY.**

**IF YOUR CHILD HAS AN EPI-PEN, THIS FORM MUST BE FILLED OUT,
PLACED IN A ZIP-LOCK BAG WITH THEIR FULL NAME ON IT,
AND WITH ALL OF YOUR CHILD'S MEDICATIONS.**

THIS FORM MUST BE SUBMITTED ONE (1) WEEK BEFORE THE START OF CAMP

CAMPER, GUARDIAN, EMERGENCY CONTACT, AND ALLERGY INFORMATION:

Child's Full Name: _____ Date of Birth: ____/____/____ Grade: ____
(As it appears on the Epi-Pen.)

Guardians Name: _____ Relationship: _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

My Child is allergic to: _____

Allergic Reactions: _____

GENERAL RELEASE: The undersigned hereby releases the Village/Town of Mount Kisco, its Village Board, Commission, employees, and volunteers thereof, of any responsibilities, should an accident or injury occur to the above-named participant as a result of participation in the aforementioned program sponsored by the Mount Kisco Recreation Department. I understand that the Mount Kisco Recreation Department reserves the right to photograph all programs, program participants, and program visitors for publicity purposes. Your registration grants consent to any photos and/or videos taken with the above-mentioned individuals and/or visitors that can be used for; publicity, promotion, or show, and there will be no compensation in regard thereto.

EPI-PEN INFORMATION:

PLEASE CHECK THE APPROPRIATE BOX(S), AND INITIAL EACH ITEM SELECTED BELOW.

The undersigned hereby releases the Village/Town of Mount Kisco, its Board of Trustees, Recreation Department/Commission, employees, and volunteers thereof any liability whatsoever in connection with any damages and/or injuries that the above-named participant may sustain as a result of his/her participation in our Summer Day Camp program. **PLEASE NOTE:** Whenever an Epi-Pen is administered, 911 will be called.

- Epi-Pen** (the premeasured dose is 0.2mg of Epinephrine) * **EXPIRATION DATE:** ____/____/____ **INITIALS:** _____
- Epi-Pen Jr.** (the premeasured dose is 0.15mg of Epinephrine) * **EXPIRATION DATE:** ____/____/____ **INITIALS:** _____
- I hereby authorize a trained staff member to administer the prescribed Epi-Pen to my child, if he/she has known exposure and/or has a severe allergic reaction, as stipulated on this form and any additional information submitted in writing. **INITIALS:** _____
- I request that my child's prescribed Epi-Pen be secured and self-administer in the Camp Office under the supervision of the camp staff. I hereby certify that my child has been instructed and is capable of proper self-administration of the Epi-Pen. **INITIALS:** _____
- I request that my child be permitted to carry and self-administer their prescribed Epi-Pen at camp. I certify that my child has been instructed NOT to: use/take the Epi-Pen without a medical designee/staff person present, use their Epi-Pen unsafely or irresponsibly, and will keep their Epi-Pen out of reach of other campers. I understand that the Village/Town of Mount Kisco Recreation Department/Commission is NOT responsible for a lost, stolen, or improperly discharged Epi-Pen. **PLEASE NOTE:** If any of the above occur, the camper will immediately be brought to the camp office and their parents/guardians contacted. **INITIALS:** _____
- I hereby authorize camp staff members to: seek emergency treatment at a medical facility, observe, supervise the above-named child in an emergency, and/or while self-administering the listed prescribed Epi-Pen. **INITIALS:** _____

SIGNATURE OF GUARDIAN:

SIGNATURE OF GUARDIAN

PRINTED NAME OF GUARDIAN

____/____/____
DATE

PLEASE ATTACH ANY ADDITIONAL INFORMATION TO THE BACK OF THIS FORM.