



*Somerset County  
Park Commission*

## **Somerset County Park Commission**

# **Epinephrine Use Procedures**

Somerset County Park Commission requires the following from those participants that require the use of an epinephrine auto-injector to treat anaphylaxis:

- Written orders from the physician that the participant requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.
- Written instructions from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for the participant.
- Written authorization (top half of attached form) from the parent or guardian of the participant for the administration of an epinephrine auto-injector device.
- Written authorization (bottom half of attached form) acknowledging the parent or guardian's understanding that if the specified procedures are followed, the Somerset County Park Commission shall have no liability.
- Medication must be sent with the participant to the program each day that he/she attends. The medication must be packaged according to the manufacturer's instructions and labeled clearly with the participant's name.

# Somerset County Park Commission

## Epinephrine Authorization

I, \_\_\_\_\_, hereby authorize the Somerset  
(Please print parent/guardian name)

County Park Commission employee(s) trained in the administration of an epinephrine auto-injector to administer the medication prescribed for my child, \_\_\_\_\_, for anaphylaxis.  
(Please print child's name)

I have provided the Somerset County Park Commission with written orders from the physician that my child requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication, as well as the written instructions from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for my child.

I understand that I must send my child with his/her prescribed medication to the program each day that he/she attends. The medication must be packaged according to the manufacturer's instructions and labeled clearly with my child's name.

I, \_\_\_\_\_, understand that if procedures as  
(Please print parent/guardian name)

specified by the manufacturer on the use and care of the epinephrine auto-injector are followed, the Somerset County Park Commission shall have no liability as a result of any injury arising from the administration of an epinephrine auto-injector device to my child, and I, \_\_\_\_\_, indemnify and hold harmless the  
(Please print parent/guardian name)

Somerset County Park Commission employees against any claims arising out of the administration of the device to my child.

I understand that this permission shall be effective for the 2018 \_\_\_\_\_ program and shall be renewed each year upon fulfillment of the requirements listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_