



**EPI-PEN RELEASE FORM**  
(Complete only if your child uses an epi-pen)

\_\_\_\_\_  M  F  
Last Name First Name Date of Birth Gender

1. My child is allergic to (please be specific): \_\_\_\_\_

2. To date, is the allergy only if the food is ingested? If not, please explain: \_\_\_\_\_

3. Other allergens (ex. insect bites): \_\_\_\_\_

4. Please list the type of allergic reaction, including signs and symptoms if your child is in distress: \_\_\_\_\_

**Policy and Agreement Regarding Epi-pen**

As the case with any medication for children attending Camp Jacobson at Robin Hood, your child’s prescribed epi-pen can only be administered by our nurses or someone with approved epi-pen training who has at a minimum, certification in the American Red Cross course entitled, “Responding to Emergencies”. Children are not permitted to have any medication in their possession.

If you would like to provide an epi-pen for your child, we will permit our Nurses or other qualified designees to receive and administer the epi-pen if you agree and sign this agreement.

- a) I give continuing permission to your nurse or other qualified designee to administer the epi-pen to our child in the event, in his/her judgment, that my child is in the need of an injection or epinephrine.
- b) I release Sid Jacobson JCC and Camp Jacobson at Robin Hood and its employees from any and all liability arising out of or in connection with the decision to administer epinephrine to my child, the administration of epinephrine to my child or the decision not to administer epinephrine to my child

Relationship \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

