



# MAD SCIENCE OF MAINE & NH

## -EPIPEN AUTHORIZATION FORM-

TO BE COMPLETED BY PARENT/GUARDIAN

<b>Name of Camper:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Specific Allergen to Camper:</b>	
<b>Signs and symptoms when exposed to allergen:</b>	
<b>Can camper self-administer an EPIPEN?</b>	
<b>Severity of anaphylactic reaction:</b>	
<b>Storage and safe keeping of medication: Expiration date:</b>	
<b>Prescribing physician's name/number:</b>	

**Parent/Guardian Signature:** \_\_\_\_\_

I hereby request and give permission for Mad Science camp leaders to assist my child in administering his/her Epipen according to the instructions completed above by the parent/guardian. I/We agree to release and indemnify Mad Science members (including camp instructors and supervisors) of any claims that may arise as a result of: 1) accidentally administering the Epipen/medication to the camper if a reaction is not actually taking place. 2) failing to administer or assisting the use of the Epipen/medication at the proper time. 3) any negligence in administering the Epipen/medication.