

USE THIS FORM IF YOUR CHILD REQUIRES AN EPI-PEN AT MOHAWK

Mohawk Day Camp ☀ Mohawk Country Home School

EPI-PEN INFORMATION AND AGREEMENT *

Child's Name: _____ Birth Date: _____

My child is allergic to (specify which foods): _____

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

Other allergens (i.e. insect bites, etc.): _____

Type of allergic reaction, including signs and symptoms if your child is in distress:

Type of epi-pen: Epi-pen Jr. Regular epi-pen

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

1. I (we) give continuing permission to your Mohawk designees to administer the epi-pen to our child, in the event, in his/her judgment, that our child is in need of an injection of epinephrine.
2. I (we) release Mohawk-White Plains, Inc., as well as its officers, directors, shareholders, employees, independent contractors and agents from any and all liability arising out of or in connection with the decision to administer epinephrine to our child, the administration of epinephrine to our child, or the decision not to administer epinephrine to our child, barring your gross negligence or intentional misconduct,
 - a) the use or non-use of an epi-pen for our child; and
 - b) any action, claim, or other legal proceeding brought against you by the parent/legal guardian who has not signed this agreement.
3. I (we) agree to indemnify and hold harmless Mohawk-White Plains, Inc., as well as its officers, directors, shareholders, employees, independent contractors, and agents, of and against any and all liability, damage, claim, demand, cost and expense (including, without limitation, reasonable attorney's fees) arising out of or in connection with, barring your gross negligence or intentional misconduct
 - a) the use or non-use of an epi-pen for our child; and
 - b) any action, claim, or other legal proceeding brought against you by the parent/legal guardian who has not signed this agreement.

AGREED TO AND ACCEPTED BY:

PARENT

PHYSICIAN

Signature: _____

Signature: _____

Please print: _____

Please print: _____

Date: _____

Date: _____

** Epi-pen must be in original container with appropriate label intact.*