



City of London
Parks and Recreation

**RELEASE AND AUTHORIZATION FOR ADMINISTRATION OF ANAKIT-ADRENALIN
SYRINGE OR AN INHALER OR AN EPI-PEN**

Program Participant's Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

In case of an emergency contact:

Name: _____ Phone Number: _____

I hereby consent to the self-administration of (please check applicable items):

- Anakit-Adrenalin Syringe Inhaler Epi-Pen

By my child who is named above. In the event that my child is unable to administer the Anakit-Adrenalin Syringe, Inhaler, or Epi-Pen themselves, I give consent for an employee of the City of London to administer the Anakit-Adrenalin Syringe, Inhaler, or Epi-Pen.

I fully understand that the employees of the City of London have no special medical training and that neither the City of London nor its employees are liable for any result that may occur as a consequence of the administration, or the failure of administration of such medication, even if such administration or non-administration is done in good faith but negligently.

In consideration of your acceptance of my child in the City of London Recreation Program, I forever release and forever discharge you from any claim arising with respect to the use or failure to use the Anakit-Adrenalin Syringe, Inhaler, or Epi-Pen on the child identified above even if such administration or non-administration is done in good faith, but negligently. I also agree to indemnify you and hold you harmless with respect to any such claim which is brought against you.

I declare that I have read this consent, or it has been read and explained to me, and I fully understand it.

Signature of Parent or Guardian

Date Signed

Read by or read to the signatory who acknowledged that they understood the above consent and signed in my presence

Signature of Parent or Guardian

Date Signed