



Consent For Administration Of Medication By Auto-Injector

In the event that my son/daughter in an emergency situation is unable to administer an auto-injection, I/We hereby authorize and instruct the Town of Newmarket, its employees and agents to administer their auto-injector.

Camper Information

Child's Name:	
Date:	
Camp Attending	
Week of Camp:	
Date of Birth:	
Health Card #:	

Symptoms of Allergic Reaction (may be one or more of the following):

1:	
2:	
3:	
4:	

EpiPen® Jr. 0.15mg

Twinject™ 0.15mg

EpiPen® 0.30mg

Twinject™ 0.30mg

Other (please clearly specify):

Medication Administration Information

Location and storage of Auto-Injector (if I do not want the Auto-Injector stored on my child):	
Potential side effects:	

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Important - Read Before Signing

My/Our signature is the authority for the Town of Newmarket to administer medication by auto-injection to my child. I/We hereby release the Town of Newmarket, its employees and agents from all manner of actions, causes of action, losses, suits, damages or injuries whether caused by negligence or otherwise arising out of the administration or failure to administer the auto-injection as provided herein. I/We also hereby indemnify the Town of Newmarket, its employees and agents for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or my child. It is my/our responsibility to have my/our child carry the auto-injector, to ensure that it is not expired, that it is properly labelled with the child's name and the name of the medication, and that a medical doctor has authorized its use. Indicating on this form that I/we would prefer a different location for the auto-injector to be stored is my consent for the auto-injector to be stored in that area, and I/we hereby release the Town, its employees or agents for any losses or damages sustained resulting from the auto-injector being stored in that area.

I/We acknowledge that employees or agents of the Town of Newmarket are not medically trained to administer medication.

I/We realize that if attempts to contact an emergency contact fail, or the nature of the incident requires instant auto-injection, I/We hereby authorize program staff to act at their discretion for the safety of my child.

I/We hereby acknowledge that I have fully read and fully understand the terms set out herein, and sign this form on behalf of myself/ourselves, my/our child, and any other parent/guardian of this child.

Name: (18 Years or older)	
Signature: (Must be 18 years or older)	