

CONSENT AND RELEASE FOR THE ADMINISTRATION OF EPINEPHRINE INJECTIONS

Please ensure all sections of our forms are completed fully and accurately. Incomplete and/or out dated forms will delay the approval process. One form is required per medication, per program registration period.

- 1) Parent/Legal Guardian **MUST** complete #1-#6
- 2) Licensed Authorized Prescriber **MUST** complete #7-#10
- 3) Our Medication Consent Form **MUST** be completed and submitted with this form at least 2-weeks before your child will begin attending. The Medication Manager will contact you once they have received and approved your forms.

PARENT/LEGAL GUARDIAN INFORMATION			
1. FIRST & LAST NAME		2. PRIMARY PHONE	3. DATE COMPLETED
PARTICIPANT INFORMATION			
4. FIRST & LAST NAME		5. DATE OF BIRTH	
<p>Epinephrine injections may be given during the Out-of-School Time programs only with a physician and parent/legal guardian written authorization on this form and the Parks and Recreation Out-of-School Time Medication Consent Form.</p> <p>Virginia Beach Department of Parks and Recreation, Out-of-School Time program staff will not administer Epinephrine unless it is a life-threatening situation and the participant is unable to self-administer the injection.</p> <p>Unless the participant has been approved by the Out-of-School Time program Medication Manager and his/her treating Physician to self-carry, you must provide the epinephrine injector to the Out-of-School Time program staff within 30 days of being notified of the approval. If the requested medication is not provided to the Out-of-School Time program staff within 30 days of approval, the form will become null and void and the parent will be required to resubmit the form for approval.</p> <p>I acknowledge and understand that there may be certain side effects and risks associated with the administration of an Epinephrine Injection. Accordingly, as the parent/guardian of the participant, for yourself, your child and your heirs, waiver, release, and forever discharge the City of Virginia Beach, and its agents, employees, volunteers, representatives and officials of and from any and every claim, demand, action or right of action, of whatsoever kind of nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, or death resulting on account of the Epinephrine Injection administered to the participant while participating in the program.</p> <p>This consent and release shall be governed by the laws of the Commonwealth of Virginia and agree to venue in the Virginia Beach Circuit Court as to all disputes arising from this consent and release. If any provision of this consent and release is held to be invalid by a court of competent jurisdiction, the remainder shall, notwithstanding, continue in full legal force and effect.</p> <p>I have read and understood the provisions of this consent and release, and by signing this form, I agree to abide and be bound by all its terms and conditions.</p>			
6. PARENT/LEGAL GUARDIAN SIGNATURE		DATE	
LICENSED AUTHORIZED PRESCRIBER INFORMATION			
7. LICENSED PRESCRIBERS PRINTED NAME	8. LICENSED PRESCRIBERS SIGNATURE	9. LICENSED PRESCRIBERS TELEPHONE	10. DATE AUTHORIZED
OUT-OF-SCHOOL TIME PROGRAM MEDICATION MANAGER INFORMATION			
11. DATE RECEIVED	12. DATE PROCESSED	13. MEDICATION CONSENT FORM RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. PROGRAM NAME & LOCATION		15. PARENT CONTACTED (DATE, TIME, METHOD)	
16. ADDITIONAL NOTES			
17. MEDICATION MANAGER PRINTED NAME		18. MEDICATION MANAGER SIGNATURE	

Revised 2/25/2020