



City of Clifton
RECREATION DEPARTMENT
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

(973) 470-5956
FAX: (973) 815-0599

Summer Program Epinephrine Use Procedures

The City of Clifton requires the following from those participants that require the use of an epinephrine auto-injector to treat anaphylaxis:

- Written orders from the physician that the participant requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.
- Written instructions from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for the participant.
- Written authorization (top half of attached form) from the parent or guardian of the participant for the administration of an epinephrine auto-injector device.
- Written authorization (bottom half of attached form) acknowledging the parent or guardian's understanding that if the specified procedures are followed, the City of Clifton shall have no liability.
- Medication must be sent with the participant to the program each day that he/she attends. The medication must be packaged according to the manufacturer's instructions and labeled clearly with the participant's name.



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Summer Program Epinephrine Authorization

I, _____, hereby authorize the City of Clifton, Recreation
(Please print parent/guardian name)
Department employee(s) trained in the administration of an epinephrine auto-injector to
administer the medication prescribed for my child, _____, for
anaphylaxis. (Please print child's name)

I have provided the City of Clifton, Recreation Department with written orders from the physician that my child requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication, as well as the written instructions from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for my child.

I understand that I must send my child with his/her prescribed medication to the summer program each day that he/she attends. The medication must be packaged according to the manufacturer's instructions and labeled clearly with my child's name.

I, _____, understand that if procedures as specified by the
(Please print parent/guardian name)
manufacturer on the use and care of the epinephrine auto-injector are followed, the City of Clifton shall have no liability as a result of any injury arising from the administration of an epinephrine auto-injector device to my child, and I, _____,
(Please print parent/guardian name)
indemnify and hold harmless the City of Clifton, Recreation Department employees against any claims arising out of the administration of the device to my child.

I understand that this permission shall be effective for the 2018 _____
program and shall be renewed each year upon fulfillment of the requirements listed above.

Signed: _____

Date: _____