

CONSENT AND RELEASE FOR THE ADMINISTRATION OF EPINEPHRINE (EPI-PEN) INJECTIONS

- Please complete this form if your child has been assessed by a physician and requires an Epinephrine Injection for anaphylaxis reactions
- **A Medication Consent Form** must accompany this form and be signed by a parent/legal guardian and physician

Participant's Information		
Name		DOB
Parent/Legal Guardian Information		
Name	Primary Phone	Secondary Phone
Address		City & Zip
<p>Epinephrine (Epi-Pen) Injections may be given during Virginia Aquarium & Marine Science Center programs only with a physician and parent/guardian written authorization on the Medication Consent Form.</p> <p>Virginia Aquarium & Marine Science Center 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 staff and physician to self-carry, you must provide the Epi-Pen to the staff within 2 days of being notified of the approval or the first day of camp whichever is later. If the requested medication is not provided within 2 days of approval or the first day of the program whichever is later, the form will become null and void and the parent will be required to resubmit the form for approval.</p> <p>I understand and acknowledge 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 myself, my child and heirs, I hereby waive, 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 all the parties hereto designate the Circuit Court of the City of Virginia Beach, for purposes of all litigation as the proper venue. If any provision of this consent and release is held to be invalid by a court of competent jurisdiction in Virginia, 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>		
Parent/Legal Guardian Signature		Date
Licensed Physician Signature		
<i>This section requires a Licensed Physician's signature certifying the child requires an Epinephrine Injection for anaphylaxis reactions</i>		
Licensed Physician Name	Signature	Date
Staff Use Only		
Receiving Staff Name (printed)	Receiving Staff Signature	Date

02/11/2020