Township of Cedar Grove
Recreation Department
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Township of Cedar Grove Recreation Department
AUTHORIZATION FOR ADMINISTRATION OF EPI-PEN

The administration policy of the Township of Cedar Grove Recreation Department requires written permission from the participant's parent/guardian in order for staff to administer prescribed Epi-Pen for life threatening episodes.

The medication can be administered in an emergency situation only by Township of Cedar Grove staff that are twenty one (21) and older.

A written dated statement from the prescribing physician stating dosage and directives as to circumstances which would necessitate administration of medication, must be submitted.
It is the responsibility of the parent/guardian to supply the medication and prescription.
Please complete the form below. Any child who may require the staff to administer emergency prescribed medication must have this form signed and returned.

I authorize the Township of Cedar Grove Recreation Department summer staff at (location) _____ to administer medication in an emergency situation to (print child's name) _____ as prescribed by physician (physician's name) _____.

The Township of Cedar Grove and its employees shall have no liability as a result of any injury arising from the administration of (name of medication) _____ to (child's name) _____.

Parent/Guardian Signature: Signature below represents that he/she/they are parents/guardians and has/have legal guardianship of the above-mentioned child. If only one signature, he/she also represents that they are authorized to sign on behalf of the other parent.

_____	_____	_____
Print Parent Name	Parent Signature	Date

This form is for EPI-PEN ONLY. (No other medication will be administered by staff)