



SACRED HEART SCHOOL

Box 10, 3900 Arthur Drive, Delta B.C. V4K 3N5
Phone: (604) 946-2611 • Fax: (604) 946-0598
Website: www.shsdelta.net • Email: office@shsdelta.org

EPIPEN AUTHORIZATION AND WAIVER OF LIABILITY

Name of Child: Last _____ First _____

Address _____

Home Phone _____ Email address _____

Parent/Guardian contact information:

Parent/Guardian #1

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Parent/Guardian #1

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Emergency Contact: (Person to notify if parents cannot be reached)

Name _____

Relationship to student _____

Home Phone _____ Cell phone _____

PLEASE READ CAREFULLY

Auto-injector (EpiPen) must be carried by the student on his/her person at all times during school and school-related activities. It must be clearly labeled with the child's full name, prescriber's name, directions for administration, and expiration date. A second EpiPen must be submitted to the office to be stored as a backup.

I hereby authorize Sacred Heart School employees on my behalf to administer, or attempt to administer to my child, the lawfully prescribed auto-injector.

I acknowledge that it may be necessary for the auto-injector to be administered to my child by an individual who is not a nurse or medical professional, and I specifically consent to such practice. If my child chooses, or I choose on his/her behalf, to not have the auto-injector worn at all times, I hereby waive any claim that I might have against the CISVA and the staff of Sacred Heart school from and against any and all claims, damages or causes of action arising out of or in any way connected to the administration, failure to administer, or attempt to administer auto-injector medication to my child. I further agree to protect, defend, and hold harmless the CISVA and the staff of Sacred Heart school arising out of or in any way connected to the administration, failure to administer or attempt to administer medication to my child.

Parent/Guardian Signature _____ Date _____

Printed name _____