



Friends of Quarry Hill Nature Center  
**Epi-pen Authorization Form**  
*must be renewed annually*

701 Silver Creek Rd. NE  
Rochester, MN 55906  
Phone: (507) 328-3950  
Fax: (507) 287-1345

**If your child requires an Epi-pen for emergency anaphylaxis, a parent or legal guardian must provide this completed form and a current anaphylaxis action plan signed/authorized by your physician to the Quarry Hill office 2 weeks prior to the camp session. Please provide one non-expired Epi-pen by the start date of camp. Campers will not be allowed to begin camp on Monday without these forms and their Epi-pen.**

**To be filled out by parent or legal guardian**

Child's Name: \_\_\_\_\_ Birthdate (m/d/y): \_\_\_\_\_

**Emergency Contacts:** (Place a 1 by the first to call, a 2 by the second to call, etc.)

\_\_\_ Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell/pager # \_\_\_\_\_  
\_\_\_ Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell/pager # \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell/pager # \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthmatic  Yes  No

I, the undersigned parent/legal guardian of the above child, understand that medically trained personnel are not available at Quarry Hill Nature Center for the administration of prescription Epi-pen.

We are requesting Quarry Hill personnel be allowed, in an emergency, to administer the following medication to our child as prescribed by our physician and indicated in the attached anaphylaxis emergency action plan.

**I consent to the use of an Epi-pen for the emergency treatment of:** \_\_\_\_\_

We understand that when medication is given by an injection, as with any injection, there are risks involved. We feel that the danger of delaying treatment of our child outweighs these risks and request the use of this medication despite the risks involved. **We also understand that it is Quarry Hill Nature Center policy to immediately call 911 once an Epi-pen is administered.**

If Quarry Hill personnel are allowed to administer the medication described, we state that they are not liable to us or to our child for any injury, illness, death or disability caused by administrating, providing or injecting the prescribed medication. We hereby specifically release and hold harmless this person, their supervisors, and the Friends of Quarry Hill Nature Center, Inc., from any liability resulting from the administration or non-administration of the medication.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**An anaphylaxis plan, signed/authorized by your physician,  
must be attached to this authorization form.**