



Epinephrine Auto-Injector Authorization and Waiver of Liability

Nature of Allergy: _____

Name of Child: _____

Parent/Guardian Name and Contact Information: _____

Prescribing Doctor Name and Contact Information: _____

I confirm that by signing this form I have read, understand, and agree with the below Authorization and Waiver of Liability.

I acknowledge that my child understands his/her allergies and how to take reasonable precautions to avoid the allergens. I have provided the City of Shoreline with a current, valid prescription for my child's Epinephrine Auto-Injector (EA-I). I understand that the City of Shoreline staff, who are not medical professionals, will only assist in the administration of the EA-I in life-threatening situations and when my child is not capable of self-administering.

Therefore, I authorize and recommend self-administration by my child of the EA-I. In the event my child is unable to self-administer, the City of Shoreline has my permission to administer the EA-I for my child during a life-threatening allergic reaction. I HEREBY AGREE TO RELEASE, INDEMNIFY, AND HOLD HARMLESS the City of Shoreline, its employees, officials, or agents and TO WAIVE ANY CLAIM by myself, my heirs, executors, assigns, or personal representative that I might have against the City of Shoreline, its employees, officials, or agents from and against any and all claims, damages, or causes of action arising out of or in any way connected to the self-administration, assisted administration, failure to administer, or attempt to administer the EA-I to my child.

Parent/Guardian: _____ Date: _____

Please return to:
PRCS – Spartan Recreation Center
202 NE 185th St Shoreline, WA 98155
Phone: 206.801.2600 Email: src@shorelinewa.gov