EPINEPHRINE (EPI-PEN) TRAINING ACKNOWLEDGEMENT

Will the child require epinephrine during summer camp hours?  Yes: ____ No: ____
If YES, parent or guardian MUST provide training to camp staff:

I _______________________________________________________, have been trained by
(Employee)

_____________________________________________ to administer Epinephrine and/or to
Parent(s)/Guardian(s)/Desigee(s)

provide other emergency care to ________________________________________, a child
enrolled in a Calvert County Natural Resources Division Summer Camp, in the event the child
has been exposed to ____________________________ and is at risk of anaphylactic
reaction, or if the child exhibits the symptoms described in the POLICY: ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES which is
attached to and made a part of this Acknowledgement.

Date of Training: ________________________________

Signature: ________________________________________
(Employee)

Signature: ________________________________________
(Parent(s)/Guardian(s))