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)/Designee(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))