



**LEXINGTON PARKS AND RECREATION PROGRAMS**  
**Epi-Pen Authorization Form**

Child's Legal Name:	Date of Birth:
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Parent's Names:	
Daytime Emergency Phone Number:	

My child is allergic to the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please choose the medication for your child: Epi-Pen  Epi-Pen Jr.

**Please initial if agreed:**

\_\_\_\_\_ I hereby authorize LFUCG staff to administer an epinephrine (Epi-Pen) injection to my child if needed. I agree to release, indemnify, and hold harmless LFUCG (Lexington-Fayette Urban County Government) and its employees, agents, officers, and officials from all lawsuits, claims, expenses, demands, and actions against them for administering this injection. I am aware the injection may be administered by an individual who is not a trained health professional.

\_\_\_\_\_ I authorize my child to self-administer, as medically necessary, his/her prescribed Epi-Pen. I confirm that my child has the knowledge and skills to safely handle and self-administer the Epi-Pen while at Parks programs and activities.

\_\_\_\_\_ I authorize LFUCG staff to assist in administering, as medically necessary, my child's Epi-Pen. If my child is not able to self-administer their Epi-Pen, I will allow LFUCG staff to do so, in the case of an emergency. I agree to release, indemnify, and hold harmless LFUCG and its employees, agents, officers, and officials from all lawsuits, claims, expenses, demands, and actions against them for administering this injection. I am aware the injection may be administered by an individual who is not a trained health professional.

All Epi-Pens should be given to LFUCG staff along with this form and should not be placed in a child's bag without informing staff.

I also understand that Emergency Medical Services (EMS) will be called when epinephrine is given, whether or not the child manifests any symptoms of anaphylaxis.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date