

catholic school of
evangelization



Saint Malo Catholic
CAMPS
catholiques de Saint-Malo

AUTHORIZATION TO ADMINISTER AN EPIPEN

Camper Name: _____

I (print name of parent/guardian), _____, permit camp staff and volunteers to administer my son or daughter's epinephrine auto-injector if they have reason to believe that he or she is experiencing an anaphylactic reaction.

I have reviewed and signed the individual health care plan, provided by a nurse, and written any other specific instructions on the camper medical information form. I have also shared all pertinent information verbally with the Health Care Officer.

Parent/Guardian's signature: _____ **Date:** _____

Health Care Officer's signature: _____ **Date:** _____

Catholic School of Evangelization – St-Malo Catholic Camps

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