



**Somerset County  
Park Commission**

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# Somerset County Park Commission Epinephrine Authorization

(For youth with Epinephrine Prescriptions)

I, \_\_\_\_\_, hereby authorize the Somerset  
(Please print parent/guardian name)

County Park Commission employee(s) trained in the administration of  
an epinephrine auto-injector to administer the medication prescribed  
for my child, \_\_\_\_\_, for anaphylaxis.

(Please print child's name)

I have provided the Somerset County Park Commission with written  
orders from the physician that my child requires the administration of  
epinephrine for anaphylaxis and does not have the capability for self-  
administration of the medication, as well as the written instructions  
from the manufacturer on the use and care of the specific epinephrine  
auto-injector prescribed for my child.

I understand that I must send my child with his/her prescribed  
medication to the program each day that he/she attends. The  
medication must be packaged according to the manufacturer's  
instructions and labeled clearly with my child's name.

I, \_\_\_\_\_, understand that if procedures as  
(Please print parent/guardian name)

specified by the manufacturer on the use and care of the epinephrine  
auto-injector are followed, the Somerset County Park Commission  
shall have no liability as a result of any injury arising from the  
administration of an epinephrine auto-injector device to my child, and  
I, \_\_\_\_\_, indemnify and hold harmless the

(Please print parent/guardian name)

Somerset County Park Commission employees against any claims  
arising out of the administration of the device to my child.

I understand that this permission shall be effective for the 2024  
program year and shall be renewed each year upon fulfillment of the  
requirements listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_