



# EpiPen Authorization Form

Zoological Society of Milwaukee Education

Please complete this form so we may assist with the care and needs of your child, to provide emergency care for the prevention of anaphylaxis in the event your child comes into contact with certain allergen(s), as described below.

Medications will be made available to the child as directed by the parent/guardian on this form. Children will self-administer medications, and any exceptions need to be noted clearly on this EpiPen Authorization form and approved by the Zoological Society of Milwaukee. The parent(s)/guardian(s) is responsible for ensuring that all medication is properly labeled by a pharmacist and replaced prior to the expiration date. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file. In some circumstances, a member of the Zoological Society Education staff may be designated to carry the EpiPen while the child is on Zoo grounds.

**Child's Name:** \_\_\_\_\_

**Child's Allergies:** \_\_\_\_\_

**Allergy Symptom(s)/Reaction:** \_\_\_\_\_

**Initial one:**

\_\_\_\_\_ **My child can self-administer an EpiPen injection.**

\_\_\_\_\_ **My child needs a trained person to administer an EpiPen injection.**

If an EpiPen is administered, Zoological Society or Milwaukee County Zoo staff will call 911 and your child will be transported to Children's Hospital of Wisconsin.

**Parent/Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

By signing this form, I authorize the Zoological Society to follow the above instructions in this Authorization Form.

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

\_\_\_\_\_  
Date

**FOR ZOOLOGICAL SOCIETY USE ONLY**

\_\_\_\_\_ **Approved by Zoological Society Staff**



# EpiPen Release and Waiver of Liability

Zoological Society of Milwaukee Education

## RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING MEDICAL CARE TO CHILDREN

Please initial next to each factor listed below to acknowledge that you have read each statement.

\_\_\_\_\_ I understand that while touring the Milwaukee County Zoo, my child's tour group may be led by one or more volunteers who are not trained to administer an EpiPen injection.

\_\_\_\_\_ I am aware that it may take over 8 minutes for EpiPen trained Education staff to reach my child and administer an injection while they are on tour in the Zoo.

\_\_\_\_\_ I am aware that the initial Emergency Medical Services (EMS) is present on-site only in summer during daytime hours and that their response time within the Zoo may be over 5 minutes due to the size of the Zoo and crowds that may impede vehicle movement through the Zoo.

\_\_\_\_\_ I am also aware that the arrival/response time of an ambulance (for required transport to Children's Hospital) may be greater than 10 minutes due to area roadway construction as well as crowded conditions within the Zoo.

**Given the factors listed above, I...**

\_\_\_\_\_ **will remain in the vicinity of my child's classroom and tour group in order to administer an injection myself.**

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

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_ **accept all factors listed above and hold the Zoological Society of Milwaukee harmless as I attest below:**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ ("child"). I request that the Zoological Society of Milwaukee (Society) administer medication and/or medical treatment, as prescribed in writing on my child's "EpiPen Authorization" form. I hereby release and forever discharge the Society and Milwaukee County Zoo and their employees or agents from any and all liability arising in law or equity as a result of employees or agents administering care in conformance with this Release and the child's "EpiPen Authorization" form ("Authorization") or providing other authorized care in accordance with the Authorization. This Release shall be governed by the laws of the State of Wisconsin, which is the location of the Zoological Society and Milwaukee County Zoo. This Release along with the above Authorization constitutes the entire agreement among the parties with respect to the subject matters discussed herein. The reference in this Release to the phrase "Zoological Society of Milwaukee" shall include the Zoological Society, their affiliates, successors, directors, officers, employees and representatives. The terms Parent(s)/Guardian(s) shall include the dependents, heirs, executors, administrators, assigns and successors of each. If one of more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal or unenforceable provisions had not been contained herein.

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

\_\_\_\_\_  
Date

*You will be asked to initial and date whenever child participates in a different class or camp*

\_\_\_\_\_  
Initial      Date

\_\_\_\_\_  
Initial      Date

\_\_\_\_\_  
Initial      Date

\_\_\_\_\_  
Initial      Date

\_\_\_\_\_  
Initial      Date