

# EMERGENCY ALLERGIC REACTION MEDICATION ADMINISTRATION FORM

(only needed if your child requires an EpiPen)

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_ (Child/Student) do hereby authorize and allow Morgan Hill Art School, all of its employees, officers, members, managers, agents and other affiliated persons or entities ("Morgan Hill Art School") to administer emergency anaphylactic shock medication to my child listed on this form for the purpose of alleviating the symptoms of an allergic reaction. I, for other good and valuable consideration, hereby fully and forever waive, relinquish, release and discharge Morgan Hill Art School and all of its employees, officers, members, managers, agents and other affiliated persons or entities, from any and all claims, demands, and causes of action this emergency allergic reaction medication administration form and waiver. I agree not to sue Morgan Hill Art School or any of its employees, officers, members, managers, agents or other affiliated persons or entities as a result of any claim, injury or event that may occur as a result of this agreement. I have provided Morgan Hill Art School with the emergency medication that my child, Student, requires in the event of anaphylactic shock. I have provided this emergency medication to Morgan Hill Art School and have advised Morgan Hill Art School on the medication's use and administration according to the terms of the medication's instructions and disclaimers.

\_\_\_\_ (initial) I request that Morgan Hill Art School maintain this medication in a refrigerated environment per the terms of the manufacturer's recommendations as provided in the medication's instructions and disclaimers.

**Student's most common allergic reactions are caused by**

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

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