

THIS FORM IS ONLY NEEDED IF A PARTICIPANT IS BRINGING AN EPI-PEN TO THE GIRL SCOUT PROGRAM. IF ATTENDING A SUMMER OVERNIGHT CAMP PROGRAM, YOU WILL NEED YOUR HEALTH CARE PROVIDER TO SIGN THIS FORM AND THEN YOU NEED TO UPLOAD IT TO THE ONLINE HEALTH CARE RECORD SYSTEM. THIS FORM WILL BE USED FOR TROOP CAMPING, MINICAMPS, TRAVEL, ETC. QUESTIONS ABOUT THIS FORM? CONTACT INFO@GSUTAH.ORG



Epinephrine Auto Injector (EAI) Medication Form (HW.4.1 - D and HW.13.1 - AB)

Utah Code Ann. 26-41-101, et seq.

Name of Girl Scout _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

HEALTH CARE PROVIDER AUTHORIZATION *(must be provided)*

The above named Girl Scout is under my care. I feel it is medically appropriate for this Girl Scout to self-administer Epinephrine Auto Injector (EAI) medication, when able and appropriate, and be in possession of EAI medication and supplies at all times. The medication prescribed for this participant is:

Name of Medication _____

Dosage _____

Possible Side Effects _____

Signature
Needed

Signature of Health Care Provider

Date

Parent/Guardian Authorization (mark all that apply)

- I authorize my child _____ to carry prescribed Epinephrine Auto Injector (EAI) medication and supplies.
- I authorize my child's leader to maintain my child's medication for use in an emergency.
- I authorize my child to self-administer and carry the prescribed medication described above.
- I do not authorize my child to carry and self-administer this medication. Please have the appropriate volunteers maintain my child's medication for use in an emergency.

My child and I understand there may be serious consequences for sharing any medications and/or supplies with other participants or volunteer staff. I further hereby release and agree to indemnify and hold harmless the Girl Scouts of Utah from any and all liabilities, claims and/or damages arising from any such sharing of medications by the above named child.

Please sign

Parent/Guardian Signature

Date

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Epinephrine Auto Injector (EAI) Authorization Form (HW.4.1 - D and HW.13.1 - AB)

Utah Code Ann. 26-41-101, et seq.

Name of Girl Scout _____ Date of Birth _____

Troop # _____ (or circle JUILETE) Grade Level _____

I _____ parent/guardian (circle one) of above participant certify that the epinephrine auto injector has been prescribed for them. I authorize the administration of Epinephrine Auto Injector (EAI) medication in an emergency to the identified participant.

Parental Responsibilities: By signing below, the undersigned parent or guardian understands, acknowledges and agrees to undertake the following responsibilities and acknowledges that neither the Girl Scouts of Utah, nor any employee or volunteer for the Girl Scouts of Utah, shall be responsible for any of the following:

- The parent or guardian is to furnish the Epinephrine Auto Injector (EAI) medication and bring to the appropriate leader in the current original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare provider's name.
- The parent or guardian, or other designated adult will deliver to the leader and replace the Epinephrine Auto Injector (EAI) medication within two weeks if the Epinephrine Auto Injector (EAI) single dose medication is given.
- If a Girl Scout has a change in prescription, the parent or guardian is responsible for providing the newly prescribed information and dosing information as described above to leader. The parent or guardian will complete an updated Epinephrine Auto Injector (EAI) Authorization Form before the designated volunteer leader can administer the updated Epinephrine Auto Injector (EAI) medication prescription.
- The parent or guardian will complete, sign and deliver an Epinephrine Auto Injector (EAI) Medication form if the Girl Scout is to possess Epinephrine Auto Injector (EAI) medication at all times.

*I give permission for the leader or designee to contact my child's healthcare provider if clarification is needed to administer Epinephrine Auto Injector (EAI). I agree to meet the parental responsibilities listed above. **I give permission for the leader to release personal or medical information about my child in a health-related emergency situation if necessary.** I understand this completed and signed form authorizes personnel to administer epinephrine in emergency situations consistent with Utah Law. I further understand and acknowledge that pursuant to Utah Code Sec. 26-41-106, a leader or designee who volunteers to administer EAI Medication in an emergency in good faith shall not be liable in any civil or criminal action with respect to an anaphylactic reaction.*

Please sign  Parent Signature _____ Date _____

Parent Phone Number _____ Parent Emergency Number _____

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