



Department of Recreation & Cultural Affairs
705 Kinderkamack Rd. River Edge, NJ 07661

Dear Parent:

Please complete the enclosed Authorization and Release form if:

- ✓ Your child has allergies, or other conditions, which may necessitate the administration of epinephrine via an epi-pen auto-injection device
- ✓ Your child does not have the capability to self-administer the medication
- ✓ You wish to have a member of our staff administer the medication when necessary

You must also provide us with a written statement from your child's physician that the child requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.

Please bring the signed authorization and release form and the physician's written statement to the Memorial Park Camp Office on the first day of camp along with the prescribed epi-pen auto injection device in a plastic bag marked with your child's name and grade, on the first day of your child's participation in the Recreation Summer Playground Program.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Baldanza', is written over a faint, circular watermark or stamp.

Carolyn Baldanza, Director of Recreation
River Edge Recreation Commission



Department of Recreation & Cultural Affairs
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EPI-PEN AUTHORIZATION AND RELEASE

I _____ am the parent/guardian of _____. My child is enrolled in the River Edge Summer Camp Program for Summer _____.
(year)

My child suffers from allergies, or other conditions, which may require the administration of epinephrine via an epi-pen auto-injection device for anaphylaxis.

I hereby authorize and grant permission to qualified staff members to administer epi-pen to my child should it be deemed necessary.

I understand that Borough of River Edge, the Recreation Commission and all employees or agents of the Borough of River Edge shall have no liability as a result of any injury arising from the administration of the eip-pen to my child. I hereby expressly agree to indemnify and hold harmless the Borough of River Edge and its employees and agents against any claims arising out of the administration of the epi-pen to my child.

DATED: _____ **SIGNATURE:** _____