



## Epi-Pen Training Form

I \_\_\_\_\_ (name), am the parent or guardian of  
\_\_\_\_\_ (child's name) and I have provided instruction to  
the following City of Bellevue Parks & Community Services staff on \_\_\_\_\_ (date)  
regarding how to use the "epi-pen" (epinephrine auto-injector) legally prescribed for my child:

Staff Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have authorized City of Bellevue Parks & Community Services staff to administer the epi-pen to my child if I am not available to do so myself, and I understand that the City staff who will be caring for my child are not trained medical professionals. I acknowledge that the City staff who have received this training from me will try to be the ones to administer the epi-pen, but that this may not always be possible, and City staff who I have not personally trained may need to administer the epi-pen.

I have signed the Sunscreen and Medication Authorization form.

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

Printed Name: \_\_\_\_\_

