



1110 Fairfield Avenue  
 P.O. Box 25940  
 Eugene, OR 97402  
 Web Address: [www.eugenecreativecare.org](http://www.eugenecreativecare.org)  
 Email: [creativecare.eugene@gmail.com](mailto:creativecare.eugene@gmail.com)

**EPIPEN RELEASE AGREEMENT**

This is to serve as a Release Agreement between Eugene Creative Care and myself for any Eugene Creative Care representative to use the EpiPen prescribed by my child's medical professional, which you have supplied for your child (listed below) per directions detailed by you or your child's primary care physician. I understand that upon administering the EpiPen, it is the policy of Eugene Creative Care to contact EMS. I further understand that if the situation results in ambulance transport for medical attention, it is my responsibility to cover those charges.

TODAY'S DATE:	ECC PROGRAM ATTENDING:	ECC HEAD TEACHER:
PARENT/GUARDIAN NAME(s):		
	LAST NAME, FIRST NAME	PHONE NUMBER
CHILD'S NAME:		
NAME OF PRESCRIBING PHYSICIAN:		
WAS A COPY OF THE PHYSICIAN'S INSTRUCTIONS SUPPLIED TO EUGENE CREATIVE CARE?	PLEASE CIRCLE ONE: YES NO	
PLEASE PROVIDE DETAILED PROCEDURES AND ANY FOLLOW UP FOR ADMINISTRATION OF EPIPEN:		
DO YOU WANT ECC TO CONTACT THE PHYSICIAN ON RECORD?	PLEASE CIRCLE ONE: YES NO	

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND AGREE TO THE TERMS OF THE EPIPEN ADMINISTRATION RELEASE

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 ECC STAFF REPRESENTATIVE SIGNATURE

**EPIPEN ADMINISTRATION RECORD**

<b>TODAY'S DATE:</b>	<b>ECC PROGRAM ATTENDING:</b>	<b>ECC SUPERVISOR:</b>
<b>PARENT/GUARDIAN NAME:</b>		
<b>CHILD'S NAME:</b>		
<b>PRESCRIBING PHYSICIAN:</b>		
<b>WAS A COPY OF THE PHYSICIAN'S INSTRUCTIONS SUPPLIED TO EUGENE CREATIVE CARE:</b>		
<b>TIME PARENT/GUARDIAN WAS NOTIFIED:</b>		
<b>NAME OF PARENT/GUARDIAN CONTACTED:</b>		
<b>NAMES OF EMPLOYEE'S ON SITE:</b>		
<b>DETAILED DESCRIPTION OF EMERGENCY RESPONSE BY ECC STAFF:</b>		
<b>WHEN WAS THE ECC OFFICE NOTIFIED:</b>		
<b>PERSON AT THE OFFICE WHO WAS NOTIFIED:</b>		