

Consent Form For Epinephrine Injection and Transport to Hospital

In the event of my/our child _____ experiencing an anaphylactic medical emergency, I/we consent to the injection of epinephrine.

In the event of my/our child _____ experiencing an anaphylactic medical emergency, I/we consent to the transportation of my/our child to the hospital by ambulance or by private vehicle.

Parent Name: _____ Date: _____

Signature: _____

Parent Name: _____ Date: _____

Signature: _____