

EPI- PEN AUTHORIZATION AND RELEASE FORM

WHEREAS _____ hereinafter called the "parent(s)" are thereof _____
(Name Of The Parents) (Name Of Child)

hereinafter called the "child", AND WHEREAS the child is taking part in programs offered by the City of Winnipeg (hereinafter called "The City") AND WHEREAS the parent(s) have informed the City that the child periodically suffers severe and sudden allergic reactions which require the immediate injection of medication by Epi-Pen:

1. (a) The term "Authorized Personnel" used herein means all of the employees of the City have control or supervision of the child in the course of their employment and shall include the City's agents and servants.
- (b) The terms "Drugs" used herein means Adrenalin or such other drugs as are provided to the City by the parent(s) for the purposes set out herein.
- (c) The term "Treatment" used herein means the administering of Drugs to the child or such other treatment as the Authorized Personnel, in their sole discretion, deem appropriate.

In the event that the Authorized Personnel believe the child to be suffering an allergic reaction, the undersigned does hereby authorize the Authorized Personnel to administer the Treatment.

2. The undersigned does hereby:
 - (a) Appoint the City and authorized personnel as their agents, and
 - (b) Confer upon the City and Authorized Personnel all rights, powers and privileges of a guardian of the child's person; when the authorized Personnel are administering the treatment.
3. In the consideration of the City's undertaking to inform some of the Authorized Personnel of the child's medical condition and the treatment available, and undersigned does hereby release the City and authorized personnel and their respective heirs, executors, personal representatives, successors and assigns as the case may be, from any claims, actions, causes of action, suits, demands or damages, which they may in future have, whether in their own capacity or in a representative capacity, by virtue of any matter or thing of whatsoever nature in respect of, or arising out of, any act, whether of commission or omission, and whether negligent or otherwise, performed by any authorized personnel hereunder, including, without limiting the generality of the foregoing:
 - a) the decision as to whether or not to administer the Treatment
 - b) delay in administering the Treatment
 - c) the amount of drugs administered
 - d) the manner in which the Treatment is administered
4. Nothing herein creates any duty, obligation, or responsibility on the part of the City or Authorized Personnel and the decision as to whether or not to administer Treatment shall always remain in the sole discretion of the City or Authorized Personnel.
5. All provisions herein are intended to be severable, one from the other. If any term or provision hereof, or part thereof, is found to be illegal or invalid for any reasons whatsoever, such illegality or invalidity shall not affect the validity of the remainder of the provisions hereof.
6. The provision herein contained shall ensure to the benefit and be binding upon the undersigned and their respective heirs, executors, administrators, successors and assigns.

IN WITNESS WHEREOF this Authorization and Release has been signed and delivered by the undersigned, in the City of Winnipeg in Manitoba, this _____ day of _____, 20 _____.

SIGNED AND DELIVERED in the presence of:

Signature of Parent

Witness

Signature of Parent