

Los Rios Community College District

American River College – Cosumnes River College – Folsom River College - Sacramento

Name: _____

MEDICAL ASSISTANCE WAIVER OF LIABILITY (EPI-PENS)

_____ (“Child/Student/Employee”) is allergic to or has a severe reaction to _____ in such a way that may create serious medical concern. Child/Student/Employee is under the care of a physician or other medical provider who has (1) prescribed the use of an “epi-pen” for the purposes of administering a pre-measured injection of Epinephrine; (2) provided him/her with proper instruction in the use of the “epi-pen”. I/we have attached a copy of a prescription or other written note from our Child/Student/Employee medical provider confirming the need for the Epinephrine and the appropriate treatment plan. I/we are responsible to ensure that our Child/Student/Employee is provided with an unexpired, properly labeled dose.

We authorize faculty, staff and others associated with the Los Rios Community College District and its four Colleges ("District") to use an “epi-pen” to assist our Child/Student/Employee in the event that medical assistance is necessary.

We hereby waive and release the District, its Trustees, agents, employees, and any individual who voluntarily provides assistance to our Child/Student/Employee from any and all liability claim or losses arising out of or in any way connected with administering the injection or providing assistance to him/her in a medical emergency.

We further agree to defend, indemnify, and hold harmless the District, its Trustees, agents, employees, and any individual who provides assistance to our Child/Student/Employee against all liability, claims and losses arising out of or in any way connected with this medical assistance.

We agree that the District assumes no responsibility for any dosage self-administered by our Child/Student/Employee.

This release and waiver is effective for the _____ academic year.

Signature

Date

Signature

Date