

ADMINISTER AND USE OF EPI-PEN

By signing below I, \_\_\_\_\_,  
[print parent/guardian name above]  
agree to Waive and Release of any and all liability for the Cincinnati Museum Center in the administration and use of the Epi-Pen. I agree to forever release and discharge the Cincinnati Museum Center and its' directors, officers, employees and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses, arising out of or resulting from any injury, disease, or death in the use, failure to use or the administration of the Epi-pen.

If my child cannot administer the Epi-Pen themselves, I allow Cincinnati Museum Center staff to administer the Epi-Pen.

By signing this agreement, I have read and understand the terms of this agreement.

Print – Child’s Name \_\_\_\_\_

Parent/Guardian’s Signature

\_\_\_\_\_ Print - Parent/Guardian’s

Name \_\_\_\_\_ Date

\_\_\_\_\_

Please list any special instructions:

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