



Debbie J. Oliver
RECREATION SUPERVISOR

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CLIFTON
RECREATION
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Summer Program Epinephrine Authorization

I, _____, hereby authorize the City of Clifton, Recreation
(Please print parent/guardian name)

Department employee(s) trained in the administration of an epinephrine auto-injector to
administer the medication prescribed for my child, _____, for
anaphylaxis. (Please print child's name)

I have provided the City of Clifton, Recreation Department with written orders from the
physician that my child requires the administration of epinephrine for anaphylaxis and does not
have the capability for self-administration of the medication, as well as the written instructions
from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for
my child.

I understand that I must send my child with his/her prescribed medication to the summer
program each day that he/she attends. The medication must be packaged according to the
manufacturer's instructions and labeled clearly with my child's name.

I, _____, understand that if procedures as specified by the
(Please print parent/guardian name)

manufacturer on the use and care of the epinephrine auto-injector are followed, the City of
Clifton shall have no liability as a result of any injury arising from the administration of an
epinephrine auto-injector device to my child, and I, _____,

(Please print parent/guardian name)

indemnify and hold harmless the City of Clifton, Recreation Department employees against any
claims arising out of the administration of the device to my child.

I understand that this permission shall be effective for the 2025 _____
program and shall be renewed each year upon fulfillment of the requirements listed above.

Signed: _____

Date: _____