



TOWN OF WESTBOROUGH MASSACHUSETTS

RECREATION DEPARTMENT
ALAN GRADY
DIRECTOR

TOWN HALL-34 WEST MAIN STREET
WESTBOROUGH, MA 01581-1998
TEL. (508) 366-3066
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EPIPEN CONSENT FORM

Physician Verification

As the physician for _____, I have prescribed the use of an epipen
Patient Name - print
for his/her _____.
Medical Condition

Physician Name - Print

Physician Name - Signature

Date

Parent Waiver of Liability/Hold Harmless Agreement

I, _____, authorize and grant permission for the Westborough
Parent/Guardian Name - print

Recreation Department's Summer Staff to administer the use of said EPIPEN to my child,

Childs Name: _____

Child's Age: _____

Address: _____

Phone: _____

Emergency #s and Contacts: _____

I will supply the EPIPEN for the playground staff. By filling out this form, I freely accept and voluntarily assume any inherent risk for their application of said EPIPEN to my child. I also agree to discuss and fully inform my child of my decision and any involved risks. I do hereby release, indemnify and hold harmless, the Town of Westborough, their insurers, the Recreation Department and all their employees and staff. I have read and fully understand the contents of this waiver and I am signing it on behalf of my child. I realize it is binding, now and forever, on myself, my child, my heirs and assigns.

Parent/Guardian Signature

_____/_____/_____
Date