



**WAIVER FOR ADMINISTRATION OF EPI- PEN**

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**IMPORTANT: You are only required to fill out this form if your child carries an Epi-Pen.**

I, \_\_\_\_\_, give permission to the staff of Camp  
*Parent/guardian name (please print)*

Nutimik, to administer an Epi-pen to my child \_\_\_\_\_

if it is deemed necessary by the staff to do so. I understand that the staff have received a brief training session on the use of an Epi-pen and that a Health Officer will be on the Camp Nutimik grounds at all times.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

**Please return this form to:**

Camp Nutimik Registrations, Box 35040 RPO Henderson, Winnipeg, MB R2K 4J9  
Phone: 204-415-9007 email: [registrar@campnutimik.com](mailto:registrar@campnutimik.com) Fax: 204-417-7300