

**EMERGENCY ALLERGIC REACTION MEDICATION ADMINISTRATION FORM**  
(only needed if your child requires an EpiPen)

I, \_\_\_\_\_(Parent/Legal Guardian) of \_\_\_\_\_(the "Minor") do hereby authorize and allow artSPARK Creative Studio, all of its employees, officers, members, managers, agents and other affiliated persons or entities (together, "artSPARK") to administer emergency anaphylactic shock medication (the "Medication") to the Minor listed on this form for the purpose of alleviating the symptoms of a suspected allergic reaction.

I have provided artSPARK with the Medication that the Minor requires in the event of anaphylactic shock. I have advised artSPARK on the Medication's use and administration, according to the terms of the Medication's instructions and disclaimers. I have also informed artSPARK of all of the Minor's known triggers for allergic reactions, and the symptoms that the Minor has exhibited in the event of a reaction.

I understand that artSPARK will use its best judgment to determine whether the Minor is having an allergic reaction requiring the administration of the Medication, but that not all allergic reactions present in the same manner, or will be recognizable by artSPARK.

I understand that the administration of the Medication is subject to the Terms and Conditions for Participation that I have signed to allow myself and/or the Minor to participate in the Activities offered by artSPARK, including the release and waiver of liability, the limitations on liability, and the indemnification provisions which prevent me from suing artSPARK for administering, or not administering the Medication, in most circumstances.

**Minor's known allergic reactions are caused by exposure to the following:**

\_\_\_\_\_  
(Please include route of exposure, if relevant. For example, if reaction is caused by contact with the skin or only through ingestion)

**Symptoms the Minor exhibits when exposed to the allergic causes listed above include the following:**

\_\_\_\_\_  
Parent/Legal Guardian Name (please print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_