GOLDEN YOUTH SOCCER CLUB (KRAZY KICKS SUMMER SOCCER CAMP)

	(KRAZY KICKS SUMMER	SOCCER CAMP)				
	Request & Authorization for the ADMINISTR	ATION OF EPI-	PEN & MEDIC	ATION		
Child's Name		Date of Birth:	DD	ММ	YY	
Parent/Guardian	Name:					
Address		City	ity		Postal Code	
Emergency Telep	hone (Daytime)			I		
NOTES:						
1.	The medication provided must be supplied in the original pr physician's name, the amount to be taken and time(s) and t		, labelled with the	name of the m	nedicine, the	
2.	The parent or legal guardian must sign authorization.					
3.	3. It is understood that the request is being made for camp staff to undertake the administration of medicine, and that such staff are not medical professionals. The staff will make every effort to ensure that medication is administered in an appropriate manner and at the times requested					
	EPI-PEN AUTHOF	RIZATION				
Indicate specific aller	gen:					
	-					
Is the child compete	ent to administer the Epi-Pen? Yes No	Should the ch	ild carry an Epi-P	en? Yes	_ No	
	MEDICATION AUTH	ORIZATION				
Medical Condition						
Medication / Dosage	/Method of Administration					
Indications for Admin	istration					
Other Instructions						
Cautions / Notable Si	de Effects					
Prescribing Physician	's Name (Please print)	Telephone Num	ber			
release, indemnify, claims, expense, de administered by a n	ACKNOWLEDGI ize the Golden Youth Soccer Club (GYSC)) personnel to admin and hold harmless GYSC and any of its staff (including camp o emand, or action against them for administering medication/Epi- ion-health professional. I have read the procedures outlined on ions to be administered at home. All new medication must be administered at home.	ister medication/Epi- fficers, members, su pen to my child. I/W this form and I assu	pervisors, instruct e am aware the m me responsibility a	ors and volunte edication/Epi-p	eers) from lawsuit, en will be	
PARENT/GUARDIA	NN SIGNATURE:	DA1	E:			
	alid until the prescription expires or is altered l of the parent/guardian to ensure a new form is o					

MEDICATION AUTHORIZATION INFORMATION

1. Medications should be administered at home whenever possible. All medications to be administered during program hours must have parent/guardian authorization.

2. The first dose of any new medication must be given at home.

3. Medications may not be accepted by personnel unless the Authorization Form is completed and signed.

4. The Golden Youth Summer Soccer Club does not assume responsibility for unauthorized medication taken independently by the child.

5. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here/above.

6. If repeat doses of Epi-pen injections are necessary, the parent/guardian must supply two Epi-pen kits.

7. Only pre-measured doses of epinephrine may be given by GYSC personnel.