

**GOLDEN YOUTH SOCCER CLUB
(KRAZY KICKS SUMMER SOCCER CAMP)**

Request & Authorization for the ADMINISTRATION OF EPI-PEN & MEDICATION

Child's Name	Date of Birth:	DD	MM	YY
Parent/Guardian Name:				
Address	City		Postal Code	
Emergency Telephone (Daytime)				

NOTES:

1. The medication provided must be supplied in the original prescription container, labelled with the name of the medicine, the physician's name, the amount to be taken and time(s) and the camper's name.
2. The parent or legal guardian must sign authorization.
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 AUTHORIZATION

Indicate specific allergen: _____

Severity of reaction: _____

Is the child competent to administer the Epi-Pen? Yes _____ No _____ Should the child carry an Epi-Pen? Yes _____ No _____

MEDICATION AUTHORIZATION

Medical Condition	
Medication / Dosage /Method of Administration	
Indications for Administration	
Other Instructions	
Cautions / Notable Side Effects	
Prescribing Physician's Name (Please print)	Telephone Number

ACKNOWLEDGMENT

I/We hereby authorize the Golden Youth Soccer Club (GYSC) personnel to administer medication/Epi-pen to my child as directed below. I/We agree to release, indemnify, and hold harmless GYSC and any of its staff (including camp officers, members, supervisors, instructors and volunteers) from lawsuit, claims, expense, demand, or action against them for administering medication/Epi-pen to my child. I/We am aware the medication/Epi-pen will be administered by a non-health professional. I have read the procedures outlined on this form and I assume responsibility as required. We strongly encourage medications to be administered at home. All new medication must be administered at home first.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Note:

This form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian to ensure a new form is completed when required and returned to the camp.

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.