

Authorizion for Action Kids Athletics Staff to Administer Medication

Over the counter medication cannot be administered by AKA staff. If your child requires over the counter medication, please administer it at home.

Prescription medication must be in original prescription bottle and administered by AKA staff. Please complete Section One

For Epi-pens and inhalers, please complete both section One and Two.

Section One

Child's name _____ Date of Birth _____

Name of medication and dosage of medication: _____

Method of administration: _____

Frequency and time of medical administration or assistance _____

Specific recommendations for administration _____

Any side effects, contraindications, adverse reactions and/or symptoms of overdose _____

Name of prescribing physican _____

Emergency phone number: _____
parent or physician

Dates which medication should be administered _____

I authorize AKA Day camp staff to administer the above medication _____

Parents signature _____ Date _____

Section Two

If the medication to be adminsitered is an epi-pen or inhaler, above information and the the following, including Section Three (physicians statement) must be completed.

I authorize GBC staff to administer the above epi-pen/inhaler
or

My child has my permission to carry and administer his/her own inhaler/epi-pen: yes/no. In allowing my child to self administer this medication I release AKA and it's representatives from liability relating to it's administration.

Parents signature _____ Date _____

Section Three Physicians please complete the following pertaining to the above information:

The information above is complete and correct.

I concur that the child named above, has the knowledge and skills to safely possess and use the inhaler/epi-pen at camp or at any camp sponsored activity yes/no

Physicians signature _____ Date _____