



Action Kids At Brentwood Commons
Medication Consent

Parent Complete this section for: Prescription medication, Epi-pens, Inhalers, OTC medication

Section One

Child's Last Name, Child's First Name, DOB, Emergency Contact, Emergency contact phone number, Name of medication and dosage of medication, Date of original prescription, Method/route of administration, Frequency and time of medication administration or assistance, Specific recommendations for administration, List any side effects, contraindications, adverse reactions and/or symptoms of overdose, Name of prescribing physician, Physician phone number, Dates which medication should be administered

I authorize Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons staff to administer the above medication. I release Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons from liability pertaining to its administration.

Parent's Signature, Date

Parent Complete this section for: epi-pens, inhalers

Section Two

I authorize Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons staff to administer the above epi-pen/inhaler. I release Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons and its representatives from liability relating to its administration.

OR

My child has my permission to carry and administer his/her own inhaler/epi-pen: In allowing my child to self administer this medication I release Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons and its representatives from liability relating to its administration.

Epi-pen only: Please list any adverse reactions that may occur to another child, for whom the epinephrine/epi-pen is not prescribed, should the child receive a dose of the medication:

Parent's Signature, Date

Physician Complete this section for: epi-pens, inhalers

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 activities: yes / no.

Physician's Signature, Date