Golden Eagle Summer Sport Camp
2010 Medication Permission Form

P.O. Box 896, Los Altos, Ca. 94022.
www.goldeneaglecamp.org
650-298-9740 tel/fax

I hereby give permission to Golden Eagle Summer Sports Camp and certify that it is necessary for
_____ (Full Name of Camper)
Group _____ Camp Site _____
to be given the prescription medication listed below during the camp day, including; allergy medication, asthma inhalers, eye drops, epinephrine auto-injector, etc. Without this medication he/she will not be able to attend Golden Eagle Summer Sports Camp.
Name of Medication: _____
Reason for Medication: _____
Allergies and Allergic Reactions: _____
_____
Amount of liquid or number of pills brought to camp: _____
Dosage to be given: _____
Route of administration (by mouth, eye drops, eardrops, injection, etc.) _____
Beginning Date: _____ Ending Date: _____
Possible Side effects: _____
Medication Administration:
___ My son/daughter will take his/her own medication, but please monitor and confirm

___ Please administer medication and confirm.
Special instructions: _____
_____

If your child has to carry an Epipen, asthma inhaler or any other medication, please provide him/her with a fanny pack including the medication and simple detailed instructions for use of the medication.

Emergency Telephone Numbers:
Parent/Guardian: Name _____ Work/Cell # _____ Home # _____
Parent/Guardian: Name _____ Work/Cell # _____ Home # _____
Doctor's Name: _____Telephone # _____
Parents are requested to pick up any leftover medication within one week after the ending date. Medicine left after this time will be discarded.
It is understood by the undersigned that I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Golden Eagle Summer Sports Camp, in my behalf and stead, to administer the lawfully prescribed medication as described above to my child. I further acknowledge and agree that, when the lawfully prescribed medications is so administered or attempted to be administered, I waive any claims I might have against Golden Eagle Summer Sports Camp, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Golden Eagle Summer Sports Camp, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medications.
Parent(s)/Guardian(s) signature _____ Date _____
Parent(s)/Guardian(s) name (Please Print) _____

Medication(s) must be presented in its original container from the pharmacy with label intact.
FOR STAFF USE ONLY

Date	Time	Dosage	Given By
Date	Time	Dosage	Given By
Date	Time	Dosage	Given By
Date	Time	Dosage	Given By
Date	Time	Dosage	Given By
Date	Time	Dosage	Given By