

Golden Eagle Summer Sports Camp: 2012 Medical Permission Form

Golden Eagle Sports Camp • P.O. Box 896 • Los Altos, CA 94022 • 650-298-9740
www.goldeneaglecamp.org monica.lodge@sbcglobal.net

Full name of camper: _____ Group: _____ Camp Site: _____

I hereby give permission and certify that it is necessary for to Golden Eagle Summer Sports Camp to administer the prescription medication listed below to my child during the camp day including; allergy medication, asthma inhalers, eye drops, epinephrine auto-injector, etc. Without this medication the above named child 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, ear drops, injection, etc.) _____

Beginning date: _____ Ending Date: _____

Possible side effects: _____

Medical Administration (check one)

My child 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.

Medication(s) must be presented in their original container from the pharmacy with the label intact.

Parents are requested to pick up any leftover medication within one week after the ending date. Medication left after this time will be discarded.

Emergency Contact Information

Parent/ Guardian Name: _____ Work/Cell # _____ Home # _____

Parent/ Guardian Name: _____ Work/Cell # _____ Home # _____

Doctor's Name: _____ Telephone # _____

Waiver of medical liability

It is understood by the undersigned that I confirm that I am primarily responsible for administering medication to my child. However, in the even that I am unable to do so or in the even of a medical emergency, I hereby authorize Golden Eagle Summer Sports Camp, on my behalf, to administer the lawfully prescribed medication as described above to my child. I further acknowledge and agree that, when the lawfully prescribed medications are 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 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): _____

FOR STAFF USE ONLY

DATE	TIME	DOSAGE	ADMINISTERED BY
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DATE	TIME	DOSAGE	ADMINISTERED BY
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DATE	TIME	DOSAGE	ADMINISTERED BY
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