



## EPIPEN CONSENT FORM

In order that my son/daughter receive the necessary medical treatment while at camp and/or in the event of an allergic reaction. I hereby authorize the Camp Director, counselors, first aid attendants, lifeguards and/or the staff of the Parks, Recreation and Facilities Department to seek medical treatment, provide emergency medical care and/or to administer an EpiPen (as prescribed) on my son/daughter. Furthermore, the Camp, the Camp Director, counselors, first aid attendants, lifeguards, or community services staff will not be held responsible for any injury or illness incurred while my son/daughter is at camp.

Parent/Legal Guardian Name  
 (Please print): \_\_\_\_\_

Signature of Parent/ Legal Guardian  
 (Please sign): \_\_\_\_\_

Date: \_\_\_\_\_

<b>ALLERGIES</b> (Use an additional sheet if necessary.) My child has no known allergies <input type="radio"/>		
<b>Medical Allergies (List)</b>	<b>Food Allergies (List)</b>	<b>Other Allergies (List)</b>
_____ _____ _____	_____ _____ _____	_____ _____ _____
<input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling <input type="radio"/> Swelling <input type="radio"/> Location: _____ <input type="radio"/> Trouble breathing <input type="radio"/> Blue around mouth <input type="radio"/> Other:	<input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling <input type="radio"/> Swelling <input type="radio"/> Location: _____ <input type="radio"/> Trouble breathing <input type="radio"/> Blue around mouth <input type="radio"/> Other:	<input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling <input type="radio"/> Swelling <input type="radio"/> Location: _____ <input type="radio"/> Trouble breathing <input type="radio"/> Blue around mouth <input type="radio"/> Other:
<b>Does child have an EpiPen?</b> <input type="radio"/> Yes <input type="radio"/> No <b>Will you send it to camp?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Does child have an EpiPen?</b> <input type="radio"/> Yes <input type="radio"/> No <b>Will you send it to camp?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Does child have an EpiPen?</b> <input type="radio"/> Yes <input type="radio"/> No <b>Will you send it to camp?</b> <input type="radio"/> Yes <input type="radio"/> No

**Camper Medical History**

Please list any known medical conditions that the staff should be aware of:



# MEDICATION/SUNSCREEN AUTHORIZATION FORM

(Must be completed to allow staff to assist your child with the application of spray on sunscreen and/or the dispensing of medication Staff will not administer medications)

Child's Name: \_\_\_\_\_

YES, I DO give authorization to assist my child with spray on sunscreen

NO, I DO NOT give authorization to assist my child with sunscreen

Medication: \_\_\_\_\_

Dosage (Amount): \_\_\_\_\_

Time(s) Given: \_\_\_\_\_

Medication Instructions and Possible Side Effects:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any conditions that your child has that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Medication must be in original container and properly labeled. The label must state the doctor's name, child's name and dosage directions.

\_\_\_\_\_  
Parent/Guardian Signature    Date

\_\_\_\_\_  
Printed Name of Parent/Guardian