

HOOPED NATION

EMERGENCY MEDICATION AUTHORIZATION FORM

I _____ (parent/guardian) hereby authorize HoopEd staff to store the below listed medication(s) at camp for the use by my child, _____ (child's name). Medications will be stored in a steel box at the HoopEd registration/directors table for quick access and administration. Parents must hand deliver medication to HoopEd staff and is responsible for picking up the medication. PLEASE MAKE SURE ALL EPI PENS AND INHALERS ARE IN CLEAR PLASTIC BAG CLEARLY LABELED WITH CAMPER'S NAME AND INSTRUCTIONS FOR USE. HOOPED ONLY ALLOWS EMERGENCY MEDICATIONS FOR STORAGE AND ADMINISTRATION AT CAMP.

Name of medication _____

Dose and method of administration _____

Medication side affects _____

Prescribing Physican _____

Physician telephone _____

Does your child know how to take his/her medication? Yes ___ No ___

I authorize my child to self administer the above named medication Yes ___ No ___ (Please note by checking yes you certify that your child is capable of proper self administration of the listed medication and that you understand that your child's physician has given consent for your child to self administer this medication).

In the event of emergency, do you authorize HoopEd staff to administer medication? Yes ___ No ___

Has your child experienced side effects from listed medications? Yes ___ No ___. If yes, please Describe _____

Camper's Name _____

Parent Signiture _____ Date _____