

EPIPEN AUTHORIZATION

Our staff or volunteers, with parent/guardian consent if required, will assist a camper requiring an epipen injection. This form should be completed and given to your child's Supervisor.

TO BE COMPLETED BY PARENT/GUARDIAN

Specific Allergen to Camper			
Signs and Symptoms when exposed to allergen			
Can camper self-administer an EpiPen?	Yes _____	No _____	Unknown _____
Severity of Anaphylactic Reaction			
Storage & Safekeeping for Medication			
Expiration Date			
Prescribing Physician's Name			
Office Address & Telephone Number			
Signature of Parent/Guardian: _____ Date: _____			

Name of Camper: _____ Birthdate: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Parent/Guardian Name: _____

Business Address: _____ City: _____

Postal Code: _____ Telephone: _____

PARENT/GUARDIAN APPROVAL

I hereby request and give permission to Royal City Soccer camp and Royal Soccer Club staff including instructors, supervisors and volunteers to assist my child in administering his/her epipen according to Royal City Soccer Club and Royal Soccer Club Policies and the instructions completed above by the Parent/Guardian. I fully acknowledge that with administration of an epipen there may be certain risks or hazards for which I will not hold the Royal City Soccer Club, Royal Soccer Club or any of its staff, volunteers or members responsible.

Signature of Parent/Guardian: _____ Date: _____