



Wild Kats Programming
Medication Form
Today's Date: _____

Please fill out completely; one form per child.

Participant's last name MI First Birth date Age Gender
Current mailing address City State Zip code
Home Phone Work Phone Cell phone

Physician's Authorization

If participant is taking medication, including Epi-Pens and inhalers during hours they are participating in programming. This section must be completed and signed by a Physician.

Name of Medication(s):
Reason for Medication(s): Dose:
Directions for Medication(s)
Possible side effects of Medication(s):
Physician Name (printed)
Physician Signature: Date:
Physician Address: Phone Number:

Waiver to Carry Emergency Medical Device

PARENT/GUARDIAN, COMPLETE THIS SECTION IF..... Participant will be carrying an emergency medical device such as Epi-Pen or Inhaler during programming hours.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I (parent/guardian name) hereby request that (participant name) be allowed to keep the appropriate prescribed device on his/her person while participating in Wild River Fitness activities. The prescribed device (please check) Epi-Pen Asthma Inhaler

I understand that to qualify for this exemption, my child must be capable of safely storing the necessary epi-pen or asthma inhaler on his/her person and using the device appropriately.

Medication Release Information

I hereby authorize the storage and distribution of medication in accordance with the instructions of my child's physician. I understand that the medication is to be furnished by me in a properly labeled original container from the pharmacy; the label on the prescription medication must include the name of the child, name and telephone number of the pharmacy, physician name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other direction; over the counter medications and drug samples are not allowed for storage. I further understand that I must immediately advise Wild River Fitness Staff in writing of any change in prescription or instructions stated above. I hereby authorize the administration of sunscreen and/or insect repellent as needed.

Parent's signature

Wild River Fitness representative (not valid without signature)

