

EpiPen Authorization

The Asante Soccer Academy's instructors, supervisors and 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 instructor/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:
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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 Asante Soccer academy camp staff including instructors, supervisors and volunteers to assist my child in administering his/her EpiPen according to Asante Soccer Academy Policies and the instructions completed above by the Parent/Guardian. I fully acknowledge that with administration of an EpiPen by staff of the Asante Soccer Academy there may be certain risks or hazards for which I will not hold the Asante Soccer Academy or any of its staff or volunteers responsible.

Signature of Parent/Guardian:	Date:
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