

Camper's Name: \_\_\_\_\_

I fully understand that Kinetic Ninja Warrior does NOT have a nurse/doctor on staff during Summer Camps, and all medications authorized by the camper's physician will be administered under direct supervision of camp staff who have passed a medication administration training course authorized by the Maryland Health Department.

I request the authorized youth camp staff member to directly supervise my child in administration as prescribed by their physician.

I certify that I have legal authority to consent to medical treatment for the child named above, including the direct supervision of administration at the facility.

I understand at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded.

I authorize camp personnel and the authorized physician indicated on the Medication Authorization Form to communicate in compliance with HIPAA.

I authorize administration of the medication for the child named above under the direct supervision of the youth camp staff member.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

KNW Medication Policies:

- All medications must be handed in to KNW staff at check in, along with a Medication Authorization Form, as well as this letter signed by the camper's parent.
- All medications and prescriptions must be current (please check expiration dates PRIOR to handing in medications at check in, particularly for emergency medications like Benadryl/EpiPens/Inhalers). We can't accept expired medications.
- You must hand in a FULLY COMPLETED Medication Authorization Form, signed by both camper's parent and physician, as you hand in medications to our staff.
- The Medication Authorization Form and the camper's prescription must match exactly.