Cardinal Gymnastics
Medication Authorization Form

Instructions: One Form per Medication (prescription & non-prescription)
Section A: must be completed by parent/guardian for ANY medication authorizations.
Section A & Section B: must be completed for any long-term medication authorizations.

Section A: To be completed by parent/guardian.

Medication authorization for (Participant's Name): _____

Cardinal Gymnastics has my permission to administer the following medication:

Medication Name: _____

Dosage and times to be administered: _____

Special Instructions (if any): _____

_____

_____

This authorization is effective from dates: _____ until: _____

I do: ☐ I do not: ☐ authorize my participant to carry their own emergency medication during camp hours.

I have read and understand the HOLD HARMLESS AGREEMENT and Instructions on the second page of this form and by my signature(s) for each medication permission I agree to its terms.

Parent's or Guardian's Signature: _____ Date:_____

Section B: To be completed by participant's physician for any long-term medication authorizations (those lasting longer than ten working days).

I, _____ (Name of Physician) certify that it is medically necessary for the medication(s) listed below to be administered to: _____ (Participant's name) for a duration that exceeds 10 workdays.

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

_____

_____

This authorization is effective from: _____ (Start date)

Until: _____ (End date)

Physician's Signature: _____ Date: _____

Physician's Phone Number: _____

Cardinal Gymnastics
Medication Authorization Form

<u>Release and Indemnification Agreement</u>

I hereby authorize the Cardinal Gymnastics personnel to give the medication as directed by this authorization. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify Cardinal Gymnastics and all of its officers, departments, agencies, agents, and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting this participant with the use of medication. I have read and understand this HOLD HARMLESS AGREEMENT and by my signature(s) for each medication permission I agree to its terms.

<u>Instructions for Parent(s)/Guardian(s)</u>

1. Medications including sunscreens and insect repellent must be labeled with participant's name, name of medication, the dosage amount, and the time or times to be given and provide the dosing method (pill splitter/crusher, any supplemental dosing methods, etc.). Medications must be in the original container with no more than a single dose for the day (if applicable), and with the prescription label or direction label attached. We do not hold multiple days' worth of medication on site.
2. Parents/guardians may give approval for staff to administer Over the Counter (OTC) medications that may include: Acetaminophen, Ibuprofen or other analgesics, antibiotics or other medications that have been prescribed by a physician for a short term (less than 10 days).
3. It is highly encouraged for parents to administer longer term medication before or after the program, if possible, for dosing schedule.
4. All emergency medications require a physician's signature. Examples include but are not limited to: inhalers, EpiPen's, antihistamine's, insulin, seizure medication or any other medication treatment for a long term disability or medical condition. Parent/guardians may be requested to review the medication and provide specific training for staff.
5. Diabetes and Seizure Management Care Plans will require additional information, and necessary forms will be provided to parent if medication and medical care are requested to be provided at camp.
6. Use of participant provided sunscreen or insect repellent also requires authorization noting any known adverse reactions to particular brands. Please use this same form.