

Medical Information - Summer Adventures 2022

*Name of Child: _____

*Parent/Guardian Name: _____

*Address: _____

*Primary Phone: () _____ Alternate Phone: () _____

In case parent/guardian cannot be reached, please include an alternate emergency contact.

Alternate Contact: _____ Relationship to child: _____

Primary Phone: () _____ Alternate Phone: () _____

MEDICAL CONDITION(S)

If your child has any medical condition that the teacher needs to be aware of, please provide a brief description below. Please also include if child will carry any medication or accessories with them.

ALLERGIES

Please include the allergen and severity of reaction, as well as the management/treatment needed.

Food: _____

Insect Sting/Bite: _____

Seasonal Allergies: _____

Drug: _____

Other: _____

I understand this form is for informational purposes only and will be destroyed after my child's participation in Summer Adventures has concluded. I also understand that myself or the alternate contact listed should be available by phone during my child's class in case one of us needs to be reached.

Parent/Guardian Signature: _____ Date: _____

EPI-PEN ADMINISTRATION AUTHORIZATION & WAIVER OF LIABILITY

*Name of Child: _____

*Parent/Guardian Name: _____

*Address: _____

*Primary Phone: () _____ Alternate Phone: () _____

In case parent/guardian cannot be reached, please include an alternate emergency contact.

Alternate Contact: _____ Relationship to child: _____

Primary Phone: () _____ Alternate Phone: () _____

- Does your child understand his/her allergies and take reasonable precautions to avoid the allergen(s)?
_____ Yes _____ No
- Does your child carry an Epi-Pen? _____ Yes _____ No
- Is self-medication by Epi-Pen permitted and recommended for this child? _____ Yes _____ No

PLEASE READ AND SIGN BELOW

Stuhr Museum Summer Adventures staff MUST be notified when an Epi-Pen or other medical equipment is brought by a student. Medications must be in original container and clearly labeled with child's full name, directions for administration and expiration date.

I hereby authorize Stuhr Museum employees and agents on my behalf to administer, attempt to administer, or allow my child to self-administer the lawfully prescribed Epi-Pen.

I understand that if Epi-Pen administration is necessary for my child, 911 Emergency Services will be called immediately, and the Parent/Guardian will be notified second. If the Parent/Guardian cannot be reached, the Alternate Emergency Contact will be contacted next.

I acknowledge that it may be necessary for the Epi-Pen medication to be administered to my child by an individual who is not a nurse or trained medical professional, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns, or personal representative that I might have against Stuhr Museum, its employees, officials, or agents from and against any and all claims, damages or causes of action arising out of or in any way connected to the self-administration, administration, failure to administer, or attempt to administer Epi-Pen medication to my child. I further agree to protect, indemnify, defend and hold harmless the Stuhr Museum, its employees, officials or agents arising out of or in any way connected to the self-administration, administration, failure to administer or attempt to administer Epi-Pen medication to my child.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____