



EPIPEN / BENADRYL AUTHORIZATION

Our staff or volunteers, with parent/guardian consent if required, will assist a camper requiring an epipen injection or dose of Benadryl. This form should be completed and given to the NetSports front desk at the time of check-in.

CAMPER INFORMATION			
Name of Camper:	_____	D.O.B.:	___/___/___
Address:	_____	City:	_____ State: _____ Zip Code: _____
Parent/Guardian Name:	_____		
Home Phone:	() _____ - _____	Cell:	() _____ - _____ Work: () _____ - _____

IMPORTANT ALLERGY INFORMATION			
Specific Allergen to Camper:	_____		
Signs & Symptoms when exposed to allergen:	_____		
Can camper self-administer epi-pen or Benadryl?	YES - _____	NO - _____	UNSURE - _____
Severity of anaphylactic reaction:	_____		
Storage & safekeeping for medication:	_____		
Expiration Date:	_____		
Prescribing Physician's Name	_____		
Office address & telephone number	_____		
Signature of Parent/Guardian:	_____	Date (MM/DD/YYYY):	___/___/___

PARENT OR GUARDIAN CONSENT/APPROVAL	
<p>I hereby request and give permission to NetSports Management and NetSports staff, including camp counselors, supervisors and front desk staff to assist my child in administering his/her epi-pen or Benadryl according to NetSports Management's Policies and the instructions completed above by the Parent/Guardian. If the severity of the allergic reaction is so great, NetSports may take complete control of administering the epi-pen or Benadryl to my child. I fully acknowledge that with administration of an epi-pen or dose of Benadryl, that there may be certain risks or hazards for which I will not hold NetSports, or its staff, supervisors or desk staff responsible.</p>	
Signature of Parent/Guardian:	_____ Date: ___/___/___