



**Authorization for  
Action Kids At Brentwood Commons Staff  
to Administer Medication**

**Over the counter medication:** Cannot be administered by Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons staff. If your child requires over the counter medication, please administer it at home.

**Prescription medication: Parent Complete Section One**

*\*All prescription Medication must be in original prescription bottle and administered by Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons staff. **DO NOT** give Prescription Medication to the child to self administer.*

**For Epi-pens and Inhalers: Parent Completes Section One & Section Two, Physician Completes Section Three.**

**Section One**

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

Name of medication and dosage of medication: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Frequency and time of medication administration or assistance: \_\_\_\_\_

Specific recommendations for administration: \_\_\_\_\_

List any side effects, contraindications, adverse reactions and/or symptoms of overdose: \_\_\_\_\_

Name of prescribing physician: \_\_\_\_\_ Physician phone number: \_\_\_\_\_

Dates which medication should be administered: \_\_\_\_\_

I authorize Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons staff to administer the above medication. I release Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons from liability pertaining to its administration.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Section Two**

☐ I authorize Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons staff to administer the above epi-pen/inhaler. I release Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons and it's representatives from liability relating to it's administration.

**OR**

☐ My child has my permission to carry and administer his/her own inhaler/epi-pen: yes / no. In allowing my child to self administer this medication I release Action Kids at Brentwood Commons Inc./Gymnastics at Brentwood Commons and it's representatives from liability relating to it's administration.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Section Three**

Physicians please complete the following pertaining to the above information:

- The information above is complete and correct.
- I concur that the child named above, has the knowledge and skills to safely possess and use the inhaler/epi-pen at camp or at any camp sponsored activities: yes / no.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date