



**AUTHORIZATION FOR CHILD TO CARRY A
PRESCRIPTION INHALER, EPIPEN OR INSULIN**

_____ needs to carry the following prescription labeled inhaler, EpiPen or insulin with him/her. The above named child has been instructed in the proper use of the medication and fully understands how to administer this medication.

Medication

Dosage and Directions

Physician's Signature & Stamp

Date

I have been instructed in the proper use of my prescription labeled medication and fully understand how to administer this medication. I will not allow another child to use my medication under any circumstances. I also understand that should another child use my prescription, the privilege of carrying my medication may be revoked. I also accept the responsibility for checking in with the staff to keep them informed of use of my medication in case I start having problems.

Child's Signature

Date

I hereby request that the above named child, over whom I have legal control, be allowed to carry and use the prescription medication described above, at this program. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above named child. I understand that if this should happen, the privilege of carrying the medication may be revoked, I hereby absolutely and fully release The Marcus Jewish Community Center of Atlanta, Inc., its officers, directors, employees, members, and agents from any legal responsibility whatsoever when the above named camper administers his/her own medication. My child and I recognize that the employees of the MJCCA are not responsible for reminding my child to use his/her inhaler, EpiPen or insulin.

Parent/Guardian Name _____

Parent/Guardian Signature

Date

