

Appendix A

Medication and Allergy Administration Permission Form

MEDICINE AUTHORIZATION

I hereby grant the Kids University Administrator/Director(s) the authority to carry and store medication (medication name) _____ and for my child _____ (child's name) to self-administer it as directed by the prescribing physician or according to written directions when needed.

The above-named child may possess and use _____ (medication name) by self-administration.

He/she has been instructed in its proper possession and use.

In granting this permission for Kids University to carry and store the above-named medication and for my child to self-medicate, I hereby absolve Montgomery Township and all of their respective agents, employees, parents, administrators, and affiliates thereof from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature: _____

Date: _____

NOTE: A completed and signed copy of this form must be given to a Kids University Administrator/Director(s) no later than the first day of the program or on the first day that the child brings the medication.

Epi-pen ADMINISTRATION AUTHORIZATION

I give permission to allow the administration of epinephrine by auto-injection (Epi-pen) by the Kids University staff who have been properly trained in its use, to my child _____ (child's name) in the event of an emergency. I hereby absolve Montgomery Township and all of their respective agents, employees, parents, administrators, and affiliates thereof from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature: _____

Date: _____

NOTE: A completed and signed copy of this form must be given to a Kids University Director(s) no later than the first day of the program or on the first day that the child brings the medication.