



**North Suburban YMCA  
Medication Authorization for Asthma, Allergic Reaction,  
& Anaphylaxis Consent Form for the 2019 Camp Season**

**Camper Information**

Camper Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

List All Allergies: \_\_\_\_\_

List Know Reactions/Symptoms when exposed to Allergen: \_\_\_\_\_

\_\_\_\_\_ Asthma:  Yes  No

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**Physician Authorization** – Complete medication list below, mark all that apply.

**Epinephrine Auto-Injector Given by Injection**

- EpiPen JR/Avi Q/Generic Epinephrine 0.15 mg  Epipen/Avi Q/Generic Epinephrine 0.30 mg
- Give for known allergen exposure even if no symptoms  Give for likely allergen exposure for any symptoms
- A second dose of epinephrine may be given 5-10 minutes after the first dose, if symptoms persist or recur.
- Student to carry medication and self-administer

**For severe allergic reaction symptoms**, including shortness of breath, wheezing, repetitive cough, paleness, bluish cast, faintness, weak pulse, dizziness, tightness in throat, hoarseness, trouble breathing/swallowing, significant swelling of the tongue and/or lips, multiple hives over body, widespread redness, repetitive vomiting or severe diarrhea, or a combination of one or several symptoms give:

- Epinephrine  Antihistamine  Inhaler

**For mild allergic reaction symptoms**, including itchy/runny nose, sneezing, itchy mouth, few hives, mild itching, and mild nausea/discomfort, give:

- Antihistamine  Inhaler

**Other Medications**

Antihistamine is given by mouth for allergy symptoms and must be supplied by the parent in original packaging.

- Benadryl (Diphenhydramine)
  - 12.5 mg = 5 ml  25 mg = 10 ml  37.5 mg = 15 ml  50 mg = 20 ml  Repeat dose every \_ hours
- Albuterol  Levalbuterol  Other: \_\_\_\_\_ Dose:  2 puffs or  4 puffs
- Student to carry medication and self-administer.

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My signature below provides authorization for the above orders. All procedures will be implemented in accordance with the states laws and regulations. Specialized physical health care services may be performed by unlicensed designated NSYMCA personnel under the training provided by the American Red Cross CPR/First Aid/AED Instructors.

Physician Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Parent/Guardian Consent**

I request that my child be allowed to take medication at camp according to instruction from the above health care provider. I authorize NSMYCA personnel to assist with this medication for my child as ordered from the above health care provider. I understand trained, non-medical personnel may assist with or administer medication. I give consent to communication and exchange of information between NSYMCA, the health care provider listed above, and the pharmacy listed on the prescription medication above regarding the health care provider's written statement or any other questions about the medication or medication administration.

**I understand and agree to the following responsibilities regarding medication administration:**

1. This form must be renewed whenever student's prescription changes and at beginning of each camp season.
2. Prescription medication must be in a container labeled by the pharmacist or health care provider and will not be expired.
3. Non-prescription medication must be in the original container with the label intact.
4. An adult must bring the medication to the camp office and pick up any outdated or unused medication.
5. If the student will keep and self-administer an Epinephrine Auto-Injector, Parents/Guardians will provide a back-up to the camp office to keep in the event student forgets or cannot access theirs.
6. Pill splitting must be done by parent/guardian prior to providing medication to camp officials.
7. Parents/Guardians provide all materials or necessary equipment (e.g. measuring spoon) for medication administration.
8. Students may not carry and self-administer medication unless authorization has been given by student, parent, and health care provider.
9. Parents will notify the NSYMCA and provide new consent for any changes to the above authorization.
10. Any modifications or changes to the above authorizations may only be made after written notification is received from the health care provider.
11. I understand that 911 will be called in the event of a severe allergic reaction.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper/Parent Consent to Carry and Self-Administer Medication**

**Parent/Guardian Consent**

I give my permission for my child to carry and self-administer the above medication as directed by the HCP, which I have also signed. I agree that my child has been trained and is competent to carry and self-administer this medication. I release the NSYMCA and its personnel from civil liability if my child suffers an adverse reaction as a result of self-administering the Epinephrine Auto-Injector and/or the Inhaler. I understand this permission to carry and self-administer medication may be revoked by the NSYMCA if my child does not follow Universal Precautions, if my child is observed misusing the medication or medication supplies, or if having the child carry/administer this medication on campus creates an unsafe situation for campers, staff or volunteers to the NSYMCA campus.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_