



Medication Authorization & Contact Information

This form must be completed if you/your child are to receive medication during a program. Our staff cannot administer medication without this information.

Date _____ Participant's Name _____

Camp Week Number _____ Program Attending _____

Medication _____ Dosage/hour _____

Time Given/instructions _____

Possible side effects _____

Other medication participant is receiving _____

Allergies _____

(This information will be used to alert medical personnel in an emergency as to what medication the participant has taken in the past 24 to 48 hours and to inform staff of possible or expected side effects or changes in behavior that may occur as a result of medication.)

Asthma or allergy medication only, e.g., Inhalers, Epipens

- | | | |
|--|-----|----|
| 1. Participant may carry medication on his/her person. | Yes | No |
| 2. Participant may self-administer medication. | Yes | No |

Directions for self-medication _____

PARENT AUTHORIZATION

Each day of the program, I will send required medication in its original, child-proof container with the pharmacy label and dosage attached. This medication will be given directly to the program supervisor. The medication is to administered by the program staff. I authorize the Evanston Art Center staff to administer medication to my child. I hereby exonerate the Evanston Art Center, its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me following the administration of medication ordered by the above-listed physician.

LIABILITY WAIVER

As a participant (or parent/legal guardian of a participant under 18 years of age) in the Evanston Art Center's program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the program(s). I do hereby fully release and discharge the Evanston Art Center, its officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me on account of my participation in the program(s). I further agree to indemnify and hold harmless and defend the Evanston Art Center, its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s). I have fully read and understand the foregoing,

CONTACT INFORMATION

Printed Name _____ Parent/legal guardian signature _____

Emergency phone number(s) of mother/guardian _____

Emergency phone number(s) of father/guardian _____

Emergency phone number(s) additional caretakers _____