

Coppermine Kids' Club

Coppermine Swim Club, Inc.

P.O. Box 6162

690 Foothill Road

Bridgewater, NJ 08807

(908) 685-9596

AUTHORIZATION TO ADMINISTER MEDICATION FORM

This form is necessary if your child requires an Epi-Pen in an emergency situation

All medication must be labeled and stored in the original prescription container. At the conclusion of CKC, any remaining medication will be returned to the parent. If the medication is not picked up at the conclusion of the Program, it will be destroyed within three working days after the camper's last day. No medication will be returned via mail regardless of circumstance.

Camper Name: _____

Parent Name: _____

Medication

Specific Diagnosis: _____

Name of Medication: _____

Dosage & Time: _____

Side Effects: _____

Prescriber: _____ Phone: _____

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by Coppermine Swim Club, Inc. or Coppermine Kids' Club, the undersigned parent or guardian hereby agrees to defend, indemnify, and hold harmless Coppermine Swim Club, Inc. and Coppermine Kids' Club, their officers, agents, and employees from any and all claims which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the camper.

Parent Signature: _____

Date: _____

BRING TO CHECK-IN. DO NOT MAIL, FAX OR E-MAIL.