



# REQUEST TO ADMINISTER MEDICATION LIFE-THREATENING ALLERGY Epi-Pen Permission Form

## TO BE COMPLETED BY THE PARENT/GUARDIAN AND PHYSICIAN

### FOR COMPLETION BY PARENT/GUARDIAN

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Allergies \_\_\_\_\_

I hereby grant Ridge Youth Sports, Inc. permission to administer the prescribed medication as directed by the undersigned licensed health care provider

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

My child \_\_\_\_\_ has been instructed by \_\_\_\_\_ in the proper administration of \_\_\_\_\_ . It is my belief that \_\_\_\_\_ is capable of using this medication appropriately and independently. I am requesting that \_\_\_\_\_ be permitted to carry \_\_\_\_\_ and self-administer as needed. I have instructed \_\_\_\_\_ to inform a Ridge Youth Sports, Inc. official or coach if this medication has been self-administered during a Ridge Youth Sports, Inc. sponsored activity or event.

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

### FOR COMPLETION BY PHYSICIAN

I certify that this child has an allergy to \_\_\_\_\_

Please administer \_\_\_\_\_ for the symptom of \_\_\_\_\_

I have certified that this child may self-administer the above medication. Yes No

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ (Physician Stamp)

**I furthermore agree to the indemnification agreement contained below:**  
*The parent or guardian agrees to indemnify, defend, and hold harmless for any and all claims, actions, costs, expenses, damages and liabilities, including attorney fees, arising out of, connected with, or resulting from the self-administration of medication by the participant.*

*The parent or guardian agrees Ridge Youth Sports, Inc., its employees, agents, coaches and volunteers shall incur no liability as a result of any injury arising out of or connected with the self-administration by the participant.*

*This agreement shall take effect on the date listed below and shall stay in effect for as long as the participant is provided permission to use medication or self-administer medication. This agreement must be renewed for each subsequent sports season. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication.*