



## Piedmont Wildlife Center EpiPen and Medication Authorization and Waiver of Liability

### EpiPen and/or Medication Information

Child's Last Name: _____ M.I. ____ First Name: _____
Address: _____
Phone number of Parent/Guardian: _____
Parent/Guardian Name/s: _____
Home Phone: _____ Work Phone: _____
Cell phone: _____ Email: _____
Medication Name & Dosage: _____
Directions for use: _____

### Emergency Contact (Person to notify if parent cannot be reached)

Name: _____
Relationship to camper/student: _____
Home phone: _____ Work phone: _____
Cell phone: _____

### Allergies (Please include the severity of reaction, degree of exposure (CONTACT OR INGESTION), frequency of reaction and management/treatment of the reaction.)

Drug: _____
Food: _____
Insect Sting: _____
Seasonal Allergies: _____
Other: _____
Does your child understand their allergies & take reasonable precautions to avoid allergens?: _____

**Medication and/or Epi-Pen Authorization and Waiver of Liability**

MEDICATION: Any legally prescribed medication must be left with the Camp staff during morning check-in and it must be in the original container and be clearly labeled with your child's full name, prescriber's name, directions for administration and expiration date.

By signing below, I hereby authorize Piedmont Wildlife employees and agents on my behalf, to administer or attempt to administer to my child or allow my child to self-administer the lawfully prescribed medication.

EPI-PEN: By signing below, I acknowledge that the EpiPen or other medication to be administered to my child will be done so by an individual who is *not* a nurse or medical professional, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns, or personal representative that I might have against the Piedmont Wildlife Center, its employees, officials, or agents from and against any and all claims, damages or causes of action arising out of or in any way connected to the self-administration, administration, failure to administer, or attempt to administer EpiPen or other medication to my child.

I further agree to protect, indemnify, defend and hold harmless the Piedmont Wildlife Center, its employees, officials, or agents from and against any and all claims, damages or causes of action arising out of or in any way connected to the self-administration, administration, failure to administer, or attempt to administer EpiPen or other medication to my child.

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**Signature of parent or guardian**

**Date**

**Controlled Substance Prescriptions (such as those used for ADD/ADHD) Addendum**

By signing below, I agree that I have authorized Piedmont Wildlife Center staff to administer/attempt to administer the controlled substance medication for my child being taken during camp hours or extended care hours. I agree that I will bring *only* the daily dosage needed by my child each day and it will be labeled with my child's name and the legal name and dosage on the package.

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**Signature of parent or guardian**

**Date**