



# EPIPEN & INHALER FORM

River Valley Community Church



This form is an authorization for self-administration of emergency asthma/allergy medication.

## FOR PARENT TO COMPLETE:

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The above student has been instructed on self-administration of medication, and I hereby give my permission for him/her to carry & administer at school as ordered the medication(s) below. I understand it is my responsibility to furnish this medication. I acknowledge that the **River Valley Community Church** incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the church, and its employees, volunteers, and agents, harmless against any claims relating to the self-administration of such medication.

\_\_\_\_\_  
*Printed Name of Parent or Legal Guardian*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

## FOR PHYSICIAN TO COMPLETE:

Medication	Purpose	Dosage	Time / Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions and special circumstances for use: \_\_\_\_\_

Length of time medication is to be administered: \_\_\_\_\_

*Dates of Summer Camp*

\_\_\_\_\_  
*Printed Name of Parent or Physician*

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Today's Date*

Physician Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

*Is this your  home #,  cell # or  work #?*