

Camper's Name: \_\_\_\_\_

**ADVENTIST HEALTHCARE FIELDHOUSE**  
*(FORMERLY KNOWN AS THE DISCOVERY SPORTS CENTER)*  
**AUTHORIZATION, RELEASE AND INDEMNIFICATION AGREEMENT**

**Medication Storage and Administration Policy**

The Adventist HealthCare Fieldhouse (AHF) discourages the administration of medication during program hours. To the extent possible, participants should take their medication before or after the program. The AHF will not knowingly permit a participant to take any medication (prescription or over the counter) during program hours without his/her parents' and physician's authorization.

After the AHF receives the appropriate authorizations, staff will store the medication in a secure area accessible only to AHF personnel unless the participant's parents and physician permit him/her to carry the medication during program hours and certify that he/she can safely carry and self-administer the medication.

A participant can take only medication that he/she has taken before without negative reaction.

A parent must hand-deliver the medication to the camp director, camp administrator or authorized management unless the participant is authorized to carry the medication.

All medication must be in the original pharmaceutical container and labeled with the participant's name, medication name, dosage schedule and expiration date.

In most situations, the AHF cannot store medication requiring refrigeration.

Parents must provide any measuring utensils needed to administer the medication, labeled with the participant's name.

AHF staff will not break pills in half; pills must be broken in half before delivering the medication.

Parents should not provide more medication than is necessary for the program sessions. A parent must collect any unused medication within one week after the physician's order expires. The AHF will destroy unclaimed medication.

Parents must submit a new authorization each program session and whenever there is a change in the dosage or medication the participant is to take the medication.

AHF personnel will not administer or oversee the administration of any medication to a participant, but AHF personnel will administer epinephrine injections with the authorization of his/her parents. AHF personnel are not health-professionals; they are not trained observers and cannot observe for the development of symptoms before administering the injection. AHF staff will call the rescue squad when a participant takes epinephrine, regardless of whether the participant exhibits any symptoms of anaphylaxis.

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AHF personnel may only give pre-measured doses of epinephrine. If the physician order includes a repeat injection, the parents must supply two pre-measured doses.

**PART I-TO BE COMPLETED BY PARENT OR GUARDIAN**

Participant's name: \_\_\_\_\_

Check each box that applies:

- I authorize my son/daughter/ward to take medication as directed by his/her physician in part II.
- I authorize my son/daughter/ward to carry medication during program hours as directed by his/her physician in part II. He/she can safely carry and self-administer the medication.
- I authorize Adventist HealthCare Fieldhouse personnel to administer epinephrine injections for my son/daughter/ward as directed by his/her physician in part II.

I have read the medication storage and administration policy outlined above and assume the responsibilities indicated. I agree to release, indemnify and hold harmless Adventist HealthCare Fieldhouse, Maryland SoccerPlex, SAM Soccer, Maryland Soccer Foundation and their agents, sponsors and employees from all liability arising from this authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

**PART II-TO BE COMPLETED BY PHYSICIAN**

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage Schedule during program: \_\_\_\_\_

If p.r.n., specify when indicated: \_\_\_\_\_

Side effects: \_\_\_\_\_

Duration of Order: (not to exceed current program) \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**Epinephrine Injection**

Immediately after report of exposure to \_\_\_\_\_  
give the injection indicated below.

- Epi-pen (given in pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution, (0.3 cc)).
- Epi-pen Jr. (given in pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solutions, (0.3 cc)).
- Ana-Kit (given in pre-measured dose of 0.3 Epinephrine 1:1000 aqueous solution, (0.3 cc)).
- Repeat dose of epinephrine in 15 minutes if rescue squad has not arrived.

**Authorization for participant to carry and self administer**

- This participant may carry this medication with him/her during recreation hours. I believe that he/she has received adequate information on how and when to use this medication and that he/she can safely carry and self-administer the medication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

**PART III-TO BE COMPLETED BY THE PROGRAM COORIDATOR OR AUTHORIZED DESIGNEE**

- Parts I and II above are completed including signatures. (Physician may complete Part II on his/her stationery or prescription pad. )
- AHF can accept medication (e.g. medication is in the original pharmaceutical container and properly labeled; parents provided any measuring utensils needed to administer the medication, labeled with the participant's name, etc.)

Parents must collect any unused medication by \_\_\_\_\_(within one week after expiration of the physician order).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator or authorized designee