

Permission to Self-Medicate Waiver Form
Pro Sports Experience Summer Football Camps
Submit this form to Camp Director on the first day of camp.

Camper's Name: _____ Camp Location(s), Date(s) _____

PARENT/GUARDIAN AUTHORIZATION: My child has a physical condition which requires him/her to receive medication as quickly as possible in order to avoid a medical crisis. In the interest of his/her personal well being,

I hereby grant my child the authority to carry his/her medication (medication name) _____ and to self-administer it as directed by the prescribing physician when needed.

Condition requiring possession of medication and self-medication: _____

The above-named child may possess and use the above named medication by self-administration. He/she has been instructed in its proper possession and use.

In granting this permission for my child to possess medication and self-medicate, I hereby absolve the Pro Sports Experience, the NFL Alumni Association, the Chicago Bears Football Club, Inc, the Green Bay Packers, USA Football and all of their respective directors, officers, shareholders, subsidiaries, partners, agents, sponsors, employees, successors, parents, beneficiaries, heirs, executors, administrators, assigns and affiliates thereof (collectively, "Releasees"), from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature: _____ Date: _____

NOTE: A completed and signed copy of this form must be given to the camp director or health director no later than the first day of camp or on the first day that the child brings the medication to camp.

Pursuant to state law, please complete the following information. (Use back side, if necessary):

- Medication Name _____ Dosage _____

- Method of administration _____ - Frequency and timing of Medication _____

- Date of Prescription or Order: _____

- Other Medical Conditions Requiring Medication:

- Specific Recommendations for Administration:

- Side Effects, Contraindications and Adverse Reactions to be observed:

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- Any severe adverse reactions that may occur to another child, for whom the epinephrine auto-injector or inhaler is not prescribed, should the other child receive a dose of the medication.
