

Wolfe's Neck Farm

Staff Administration of Emergency Medication Waiver

This form is to be filled out for individuals who are not able to self-administer emergency medications for any reason, including but not limited to age, maturity, or capacity. Parent(s)/Guardian(s) Please:

1. Complete this entire form on behalf of your child.
2. Return the completed form at least 21 days prior to your camper's first day of camp.

For _____
Name of Individual

My child does not currently have the knowledge and/or skills to self-administer the below listed emergency medication:

- a. Asthma Inhaler
- b. Epinephrine Pen
- c. Diphenhydramine (e.g. Benadryl)
- d. _____

(Circle all that apply or list other emergency medication device.)

As such, by signing below, I permit Wolfe's Neck Farm camp staff to administer the indicated emergency medication in camp in a medical emergency.

Parent or Guardian signature

Date