

General Medication, Self-Carry, and Self-Administration Medication Authorization Form

Youth program staff will not dispense or administer medication to youth program attendees during regular program hours unless it is necessary for the critical health and well-being of the child/ward. By signing below, I agree that I am responsible for administering medication to my child/ward. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the youth program staff to administer or attempt to administer (or allow my child/ward to self-administer while under the supervision of the youth program staff) my child/ward's lawfully prescribed medication in the manner described in the *General Medication, Self-Carry, and Self Administration Medication Medical Provider Authorization Form*. I acknowledge that it may be necessary for the administration of medications to my child/ward to be performed by youth program staff and I consent to such practice. I further consent to the sharing of relevant medical information between the youth program staff and the physician's office.

Furthermore, if my child/ward will self-carry and self-administer asthma medication or an EpiPen, I authorize youth program staff to allow my child to self-carry and administer their asthma medication and/or epinephrine injector while engaged in program activities. This permission shall be effective for the duration of the youth program session my child/ward has signed up for. I recognize and acknowledge that there are certain risks in connection with administering medication to my child/ward. Risks include but are not limited to, failing to properly administer medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency and failing to recognize the need to summon emergency medical services. I also acknowledge that The Board of Trustees of Illinois State University, its employees, and agents shall not incur liability, except for willful and wanton conduct as a result of any injury arising from my child/ward's self-carry and self-administration of prescribed asthma medication or epinephrine injector.

Finally, I hereby acknowledge that if my child will self-carry medication, I must provide youth program staff with a completed *General Medication, Self-Carry, and Self Administration Medication Medical Provider Authorization Form* and the prescription label of the medication.

EXECUTED on this _____ day of _____, 20_____.

Participant Name (Please print clearly)

Youth Program Name

Signature of Parent/Guardian

*Witnessed: _____
(Signature)

(Date)

*Witness must be over 18 years of age