

**Steve Poapst Hockey Academy
Self-medication Permission**

Complete this section only if self-medication is required

Camper's Name: _____

Camp Session(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

_____ and to self-administer it as directed by the prescribing physician when needed.

Condition requiring self-medication: _____

_____.

The above-named patient must use _____ by self-administration. He/she has been instructed in its proper use.

In granting this permission for my child to self-medicate, I hereby absolve Steve Poapst Hockey Academy, Chicago Steel, Chicago Fire, Chicago Bandits, Lacrosse America, Chicago Machine, The Village of Bensenville, USA Hockey, The USHL, and all of their respective directors, officers, shareholders, subsidiaries, partners, agents, employees, successors, parents, beneficiaries, heirs, executors, , assigns and affiliates thereof, 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 nurse no later than the first day of camp or on the first day that the child brings the medication to camp.