

Camp Fire USA Illinois Prairie Council
2010 Summer Day Camp – Camp Kata Kani
Epi-Pen Administration

Camper's Name: _____

Address: _____

I hereby request that Camp Fire USA Illinois Prairie Council Day Camp staff administer or supervise the administration of medication in accordance with the routine described below.

I hereby release Camp Fire USA Illinois Prairie Council and any of its agents, employees, administrators or other parties (hereinafter, the "Council") from any liability for any injury or harm which is suffered by _____ as a result of our Council's agreement to honor this request. I agree to indemnify and hold the Council harmless from any legal action or other attempts to acquire compensation, including damages and legal and medical fees from the Council, whenever the Council has acted in accordance the information provided by me.

Parent/Guardian Signature Date

The following describes the circumstances which indicate that medication in the form of an Epi-pen be administered.

Please check one only:

- Administer Epi-pen immediately for **suspected** exposure
- Administer Benadryl _____(dose) for suspected exposure, and Epi-pen if symptomatic
- Administer Epi-pen when symptomatic – no Benadryl

Epi-pen and/or Benadryl must be provided by parent/guardian, and must be brought to camp each day, or your camper will not be admitted to camp that day.

Other medication camper is receiving: _____

Parent/Guardian Signature Date