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EPI PEN/INHALER FORM

Player's Last Name: _____ Player's First Name: _____

Date of Birth: _____ Gender: M F

Epi-pen or Inhaler? _____

Location of Epi-pen/Inhaler during practices or games: _____

Parent Email Address: _____

Emergency Contact #1 (Name and Cell): _____

Emergency Contact #2 (Name and Cell): _____

I hereby grant Ridge Youth Sports Inc. permission to administer the prescribed medication as directed by the undersigned licensed health care provider.

My child, _____ has been instructed by _____ in the proper administration of (circle) Epi-pen Inhaler. It is my belief that my child is capable of using this medication appropriately and independently. I am requesting that my child be permitted to carry an (circle) Epi-pen Inhaler and self-administer as needed. I have instructed my child to inform an RYSI official or coach if this medication has been self-administered during an RYSI sponsored activity or event.

Parent Signature: _____ Date: _____

TO BE FILLED OUT BY PHYSICIAN

Diagnosis: _____ Medication: _____

Dosage: _____ Route: _____ Frequency: _____ for the symptom of _____

I have certified that this child may self-administer the above medication. YES NO

Physician's Signature: _____ Date: _____ Office Stamp: _____

I furthermore agree to the indemnification agreement contained below:

The parent or guardian agrees to indemnify, defend and hold harmless for any and all claims, actions, costs, expenses, damages and liabilities, including attorney fees, arising out or connected with, or resulting from the self-administration of medication by the participant.

The parent or guardian agrees Ridge Youth Sports Inc., its employees, agents, coaches and volunteers shall incur no liability as a result of any injury arising out of or connected with the self-administration by the participant.

This agreement shall take effect on the dated listed below and shall stay in effect for as long as the participant is provided permission to use medication or self-administer medication. This agreement must be renewed each year. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication.