

My Mobile Soccer Academy Soccer Camp

Parent Permission Epi-Pen form

(Requirement by the Massachusetts department of health)

Please complete and return on the first day of camp:

Date Attending Camp: _____

Camper's Name _____

Parent/Guardian Name _____ Email _____

Daytime Phone _____ Cell Phone _____

Medical Issues _____

EPI-PEN:

I hereby give approval to the health Supervisor at My Mobile Soccer Academy/KidsAfrik Inc. to use the prescribed Epi-Pens if necessary while my child is in attendance at camp.

I hereby give approval to my child to self-administer and carry with him/her an epi-pen at all times while in camp.

INHALER:

I hereby give approval to my child to self-administer and carry with him/her an **Inhaler** at all times while in camp.

OTHER _____

INSULIN:

I hereby give approval to my child to monitor his/her own blood sugar level, or, when necessary, provide an injection of insulin while attending camp.

Parent/Guardian Signature

Date