



Shaker Ridge Country Club Authorization for Emergency Care

**THIS FORM IS ONLY APPLICABLE TO PARTICIPANTS WHO MAY NEED
MEDICATION ADMINISTERED AT CAMP DUE TO AN ALLERGY OR
PREEXISTING MEDICAL CONDITION.**

Child's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

PART 1: Instruction Record (To be completed by Physician)

Your patient, the above-identified child is enrolling in golf, swimming, and tennis lessons at Shaker Ridge Country Club. The child's parents/guardians have requested that Shaker Ridge Country Club provide emergency or other medical care in the event the child comes into contact with certain allergens as described below. Please complete Part 1 of this Authorization for Emergency Care. This Authorization for Emergency Care will remain in the child's file at Shaker Ridge Country Club and assist us with the care and needs of the child. (If you need to provide further instructions or clarifications, please do so on the back two pages labeled **Physicians Notes**).

Allergens

Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction in the child:

- Bee Sting:
- Other Insect Bites (identify): _____
- Animal Fur (identify): _____
- Food Allergen (identify): _____
- Other: _____

Symptoms

Please provide a complete list of all signs and symptoms that indicate that the child has come into contact with an allergen and that he or she requires emergency treatment:

- Hives
- Shortness of Breath or Difficulty Breathing
- Swelling
- Vomiting
- Diarrhea
- Other: _____

Emergency Procedures

Please indicate all steps necessary and the order in which they should be taken:

- Administer EPI Pen, Jr. or _____
- Give the following medication: _____
- Call emergency medical personnel (911)
- Other: _____

Emergency Medication

Name of medication: _____.

Description (what the medication looks like, etc): _____

Dosage and Instructions: _____

Reason for medication: _____

Does the medication need to be refrigerated? YES NO

Recreational Activities

May the child participate in activities? YES NO

Please identify any restrictions regarding physical activity:

Child's Physician

Name: _____

Phone Number: () -

Address: _____

Signature: _____

Date: _____

**PART II-AUTHORIZATION
(TO BE COMPLETED BY THE PARENTS/GUARDIANS)**

Medication

Please list **all medications** that the child is currently taking so this information can be communicated to emergency personnel if necessary. Please provide the name and expiration date of the emergency medication. Should there be a change to medication in which the child is taking following the completion of this form it is the parent/guardian's responsibility to make all appropriate changes as soon as possible:

_____.

Parent(s)/Guardian(s) (Both parents/guardians MUST be listed):

Name: _____

Address: _____

Home Number: _____

Business Number: _____

Cell Phone Number: _____

Name: _____

Address: _____

Home Number: _____

Business Number: _____

Cell Phone Number: _____

By signing this form we authorize Shaker Ridge Country Club to provide emergency care to our child, including administering emergency medication, as authorized in this Authorization for Emergency Care. We acknowledge and understand that Shaker Ridge Country Club does not have a certified nurse or other health care professional on staff at the premises, and we consent to the administration of emergency medication to our child, as provided in the Authorization for Emergency Care, by an individual who is not a certified nurse or health care professional. We agree to ensure that all medication is properly labeled and replaced prior to the expiration date. We agree to update this form if our child's needs change.

Both parents/guardians **MUST** sign (if custodial):

Parent/Guardian Name (PLEASE PRINT) : _____

Signature: _____

Date: _____

Parent/Guardian Name (PLEASE PRINT) : _____

Signature: _____

Date: _____

**RELEASE AND WAIVER OF LIABILITY
FOR ADMINISTERING EMERGENCY CARE**

We _____ and _____, are the parents/guardians of _____ and we desire to enroll our child in Shaker Ridge Country Club's Youth Program. We have requested and authorized Shaker Ridge Country Club to provide emergency care, including the administration of emergency medicine, to our child and to take other actions identified in the Authorization for Emergency Care to which this Release and Waiver of Liability is attached. We hereby release and forever discharge Shaker Ridge Country Club, its directors, members, employees, and volunteers, from any and all causes of action and claims of any type arising out of or related to providing emergency care including administering emergency medication, and taking other actions identified in the Authorization for Emergency Care. Further, we agree to indemnify and hold harmless Shaker Ridge Country Club, its directors, members, employees, and volunteers, from and against any and all claims, damages, causes of action or injuries incurred or resulting from providing emergency care, including administering emergency medication, and taking other actions identified in the Authorization of Emergency Care. This Release and Waiver of Liability is made on behalf of ourselves, individually, and our child, as his/her parents/guardians.

Both parents/guardians **MUST** sign (if custodial):

Parent/Guardian Name (PLEASE PRINT) : _____

Relationship: _____

Signature: _____

Date: _____

Parent/Guardian Name (PLEASE PRINT) : _____

Relationship: _____

Signature: _____

Date: _____

