



STEPS Academy Medical Alert

Please fill out the information below for your child's instructor

Childs Name: _____

Birthdate: _____

Emergency Contact:

1. Mothers name and Number:

2. Fathers name and Number:

3. Other contact name and Number:

Parent authorization for assistance in the administration of Inhalers and Epi Pens (circle)

In the event my child is unable to administer his/her inhaler, I hereby authorize Academy personnel to assist my child in administering the required dosage of medication as soon as the asthmatic attack, or shock begins. I agree to release, indemnify, and hold harmless, STEPS Academy personnel and the Taylor Family Branch YMCA from lawsuits, claims, expenses, demands or actions against them for assisting the child with the inhaler or Epi Pen provided STEPS Academy personnel are following the Parent information as written below.

Authorization for Inhaler and or Epi Pen use

This individual has received adequate education on how and when to use an inhaler or Epi Pen and **can** carry it on their person during class.

This individual has not received adequate education on how and when to use an inhaler and **cannot** carry it in class. I understand that a parent or guardian who has knowledge of the child's Inhaler or Epi Pen use will always be available and on the premises.

Authorization for Inhaler and or Epi Pen use

This individual has received adequate education on how and when to use an inhaler or Epi Pen and **can** carry it on their person during class.

This individual has not received adequate education on how and when to use an inhaler and **cannot** carry it in class. I understand that a parent or guardian who has knowledge of the child's Inhaler or Epi Pen use will always be available and on the premises.

Print Parents Name: _____ Phone: _____

Parents Signature: _____ Date: _____



Parents please list any other important information you would like us to be aware of:

Teacher/Staff notes:

