



Emergency Medication Assistance Form

Please complete this form only if your child has a **severe medical condition** that left untreated may result in serious injury or death. The first course of action is for your child to self-administer to prevent and/or correct a medical event. Our staff are not medical professionals and have not been trained in medicine or administration of medicine. However, in the event your child is unable to self-administer, a staff-member will assist with medication administration to the best of their abilities. The protocol beyond emergency medication assistance is to call 911 for professional medical assistance. Parents/guardians will be called as well.

Please complete the details below.

Child Name: _____ DOB: _____
(print please)

<p>Medical Condition: (please detail the medical condition and any triggers, activities that they should not participate in, etc.)</p>	
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<p>Medication Administration: (please detail current medication type, dosage, emergency dosage instructions, etc.)</p>	
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<p>Special Instructions: (please detail any additional instructions or relevant information regarding medication administration that staff should be aware)</p>	
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In the event my child is unable to self-administer their medication, I authorize an Envision Robotics staff member to provide emergency medication assistance to the best of their abilities.

Parent Name: _____ Date: _____
(print please)

Parent
Signature _____