

Child Last Name: _____ Youth Activities Center: _____

**DISNEY CRUISE LINE YOUTH ACTIVITIES
EPINEPHRINE INJECTOR
MEDICATION AUTHORIZATION**

Youth Activities Centers on DISNEY CRUISE LINE® ships (“Activity Centers”) will administer epinephrine injector medication to minors under 18 years of age upon the following conditions:

- A parent, legal guardian or Responsible Adult must complete and sign the authorization below;
- A parent, legal guardian or Responsible Adult must provide the epinephrine injector medication together with this form;
- The epinephrine injector medication must be in the original container with expiration date and labeled with the child’s name, instructions for use, and name of the child’s physician;
- The epinephrine injector medication must be kept at the Youth Activities front desk or kept on themselves.

All medication will be stored together with this Medication Authorization form in a limited access location.

I hereby authorize DISNEY CRUISE LINE crew members and medical staff (“Crew Members”) to administer the epinephrine injector medication to the child named below if at any time it appears that the child is suffering from an allergic reaction (i.e., swelling, difficulty breathing). If the epinephrine injector medication is administered, I hereby release and forever discharge DISNEY CRUISE LINE, its affiliated companies and each of their respective officers, employees and agents (“Released Parties”) from all liabilities, claims, damages or costs of any nature in any way connected with the administration of such epinephrine injector medication, and I further agree to indemnify and hold all such Released Parties harmless against all such liabilities, claims, damages or costs, including, without limitation, attorney and other professional fees and disbursements. I agree that this document is an authorization to treat, however, I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of or failure to provide medical treatment.

Parent/Guardian Name/Responsible Adult (Print): _____

Parent/Guardian/Responsible Adult Signature: _____

Date: _____

Child’s Name: _____

Child’s Physician’s Name: _____

Parent/Guardian/Responsible Adult Contact Information:

Stateroom: _____

Wave Phone/Pager: _____