

Stateroom: _____ Child Last Name: _____

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

Youth Activities Centers on DISNEY CRUISE LINE® ships (“Activity Centers”) will administer epinephrine product 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 product medication together with this form;
- The epinephrine product 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 product 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 product 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 product 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 product 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: _____