

Authorization and Release for Self-Carry and Self-Administration of Medication

This form only must be completed if the camp Participant needs or may need to carry or take medication (prescription or over-the-counter) at camp while it is in session.

Participant Name (Print): _____

Authorization for Self-Carry and Self-Administration of Medication

Prescription Medication:

Name of Medication(s): _____

Prescribing Physician: _____

Name

Phone Number

Dosage: _____

Times Taken: _____

Over-the-Counter Medication:

Name of Medication(s): _____

Prescribing Physician: _____

Name

Phone Number

Dosage: _____

Times Taken: _____

Participant may carry the medication identified above at Camp. Participant may also take/apply the medication identified above at Camp without assistance.

Participant has the knowledge and skills to safely possess and use the medication identified above in a camp setting.

Physician Signature

Printed Name

Phone

Date

Release for Self-Carry and Self-Administration of Medication

In consideration for permission to self-carry and self-administer medication (prescription or over-the-counter) while at _____ Camp, Undersigned agrees to the following:

- Camp and University staff may not administer any medication of any kind under any circumstance. If the participant needs medication while at camp, the “Authorization for Self-Carry and Self-Administration of Medication” form must be completed by the participant’s parent/guardian and physician. Participant may only use medications listed on that form in the manner described.
- Camp and University staff are not responsible for storage of medication. Participant must carry any medication(s) at Undersigned’s risk. If refrigeration of medication is required, the University can arrange for this accommodation at the Undersigned’s risk.
- Prescription medications must be in its original pharmacy container, labeled with the Participant’s name, name of the medication, dosage, frequency of administration, and prescribing physician’s name and phone number.
- Undersigned assumes responsibility for Participant’s adherence to a dosing schedule, if any. Camp and University staff will not monitor self-administration.
- Over-the-counter medications must be in its original container with instructions for use.
- Medication containers must contain exactly enough medication for Participant’s use during scheduled duration of the Camp (no “extras”).
- Medication may not be shared or distributed.

Violation of or non-adherence to any of the above conditions may result in medications being confiscated (and held until the end of Camp) or the Participant being dismissed from Camp, as appropriate.

Undersigned agrees to release, indemnify, and hold harmless the University, its agents, employees, officers, and trustees from any and all claims or liability for injury or damages (including loss or damage to property) arising from or attributable the self-administration or self-carry of medication(s), unless it is due to gross negligence or willful misconduct on the part of the University.

Participant:

Parent or Legal Guardian:

(Necessary if Participant is under 18 years of age)

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____