

Request to Administer Medication

Notice to parents/legal guardians:

We encourage that all campers be given their medication at home. In the event that medication has to be given during camp hours, this form must be completed. Medicines must come to camp in a clear Ziploc bag, clearly labeled with your child's name and age group JV or Varsity and the original container from the pharmacy that has the campers name, prescription number, name of medication and dosage. Thank you.

Name of camper: _____

Prescription drugs to be taken: (use additional paper if needed and attach to the form)

1. Medication name: _____ Prescription #: _____
Time(s) to be given: _____ Dosage: _____
Precautions/unfavorable reactions: _____
How long has camper taken this medication at this dosage? _____

2. Medication name: _____ Prescription #: _____
Time(s) to be given: _____ Dosage: _____
Precautions/unfavorable reactions: _____
How long has camper taken this medication at this dosage? _____

3. Medication name: _____ Prescription #: _____
Time(s) to be given: _____ Dosage: _____
Precautions/unfavorable reactions: _____
How long has camper taken this medication at this dosage? _____

4. Medication name: _____ Prescription #: _____
Time(s) to be given: _____ Dosage: _____
Precautions/unfavorable reactions: _____
How long has camper taken this medication at this dosage? _____

I hereby request that (please print name of camper) _____
_____ receive the above medication(s) at camp as noted and administered by a camp leader. I understand it is my responsibility to furnish this medication and proper instructions for administering the same. I further understand and agree that on behalf of myself and the above named person, I do hereby waive and release from any action, cause of action or claim of liability for any loss, damages, accident or injury of any kind against the TurnAround Summer Program and against any camp staff arising from the administration of medication, including, but not limited, to any claim that medication was negligently administered, and I agree to indemnify, protect and hold harmless such persons and the TurnAround Summer Program from any and all such claims.

Name (print) _____
(Parent or legal guardian)

Signature _____
(Parent or legal guardian)

Relationship to Camper: _____ Date: _____