

Parent Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication

This portion of the form must be completed fully in order for participants to self-administer required medication. This form must be completed for each camp attended by the camper, for all medications, and each time there is a change in dosage or time of administration of a medication.

No, my child does not need to take any prescription medication while at the program hosted at/by LU
Yes, my child will need to take prescription medication while at the program hosted at/by LU

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the program hosted at/by LU for self-managed care and delivery of medication provided the parent/legal guardian completes this written authorization and release.

Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the student will be attending the program hosted at/by LU.

Participant's Name: _____

Medication Name: _____ Dose: _____

Specific Directions (i.e. on empty stomach, with water, etc.): _____

Time/Frequency of administration: _____

Relevant side effects: _____

Special Storage Requirements (if any): _____

Is the participant capable of self-managed care? Yes No