

**AUTHORIZATION TO GIVE MEDICATION at Teambuilding Camp**

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GRADE:\_\_\_\_\_\_\_\_\_\_\_

I authorize the Horizon Christian Academy to assist my child in taking this medication. I understand that all medications (including over the counter meds and supplements) must be dispensed by the School Nurse and may NOT be carried with the student throughout the day. All prescription medications must be in the original pharmacy container with accurate information printed on the label (no hand written changes). Your pharmacist can provide you with an additional prescription bottle and label, allowing you to send only the amount of medication needed while at camp. Over the counter medications (Tylenol, Neosporin, tums, hydrocortisone, etc.) are provided and dispensed by the camp nurse as necessary. Please only send over the counter medication to camp if the medication form if filled out and the medication is in the original container. Written permission of the parent/guardian is required for the administration of all scheduled medications. Unused medication will be disposed of unless picked up within one week after Camp.

**Scheduled Medications AND Authorization to give Medication form for Teambuilding Camp must be turned in to the School Clinic** ***NO LATER than Thursday August 29th!!***

NAME OF MEDICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROUTE \_\_\_\_\_\_\_\_\_\_\_\_\_TIME(S) to be given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONDITION/ILLNESS REQUIRING MEDICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSSIBLE SIDE EFFECTS, IF ANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse Horizon Christian Academy, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. I hereby release said aforementioned board, district, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature                                                                                                       Date

**\*This form may be duplicated for multiple medications; 1 completed form for each medication.**