

# 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  

Prescribing Physician: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

**I authorize and recommend self-medication by my child of the above medications. I also affirm that s/he has been instructed in the proper self-administration of the prescribed medication(s) by her/his attending physician.**

**I agree to indemnify, release and hold harmless for any and all purposes sponsor, The Texas State University System, the Board of Regents for the Texas State University System, Lamar University, and their members, officers, servants, agents,volunteers, or employees against any claims that may arise relating to my child's self-administration of prescribed medication(s) *including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.***

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_