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 TAMU
☐ Yes, my child will need to take prescription medication while at the program hosted at/by TAMU

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 TAMU under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at camp by a parent/legal guardian. 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 TAMU.

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 for the above medication. 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 and hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M 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: ______________

Adapted from Auburn University’s Summer Experience Required Form Packet, http://www.auburn.edu/student_info/auband/event/summer_camps/documents/2014_medical_form.pdf