



AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Student Name:

Parent Name and Cell Phone:

Date of birth:

Medication Name:

Dose:

Condition for which medication is being administered:

Specific Directions (e.g., on empty stomach/with water,etc.):

Time/frequency of administration:

Relevant side effects:

Medication shall be administered from / / to / / .

Special Storage Requirements:

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

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Emerging Sound Staff, Instructors, volunteers, New Nation Music LLC, its Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Guardian Signature:

Date: