

**REQUEST AND AUTHORIZATION FOR STUDENT CAMPER TO
SELF-ADMINISTER MEDICATION**

To: Parent/Guardian
From: Camp Director
Re: Self-Administer Medication
Date: Summer 2017

Bring this form to the Camp Registration table "Only" if your child will be bringing medication.

Student Camper Name: _____ Birthdate: _____

Name and date of UND camp that child is attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Known allergies of student camper: _____

Medication – Name and Prescription Number: _____

Dose: _____ How Given (Route): _____

Time/Frequency: _____ Continue Until: _____

Special Instruction: _____

Possible Side Effects: _____

Physician: _____

Address: _____

Phone: _____

The undersigned as parent(s)/guardian of the above named camper request permission for, and hereby authorize, the camper to give medications to himself/herself (self-administer) the above -named medication during camp at the University of North Dakota. Futher, the parent(s)/guardian acknowledge and understand the following:

1. Medication shall be maintained in the original prescription container with original label;
2. UND personnel may examine the medication container upon request, and UND personnel may confiscate any medications not maintained in the original container;
3. The parent(s)/guardian have reviewed the medication administration procedure with the camper and believe the camper understands the administration procedure and is capable of giving the above medications to himself/herself. The parent(s)/guardian understands that if the camper does not understand the procedures of self-administering the above medications, that UND personnel will not be available to administer the medications to the camper.
4. UND personnel will not be involved in the administration of the medication and will not be monitoring the camper for side effects or camper's failure to take the medication. The parent(s)/guardian and camper shall be solely responsible to assure that the medication is taken as prescribed.

In consideration of this authorization, given at our request, the parent(s)/guardian agree to indemnify, defend and save harmless the University of North Dakota and any officials or employees of UND from any claims or liability for injury or damages, including but not limited to, costs and reasonable attorney's fees, caused or claimed to be caused or result from the administration of the above described medications.

Parent/Guardian: _____ Date: _____
Address: _____ Phone (H): _____ (W): _____

CC: Sponsoring Department of Camp