

## DOiT Camp 2020

### PRESCRIPTION/NON PRESCRIPTION MEDICATION DESCRIPTION AND RELEASE FORM

*Please complete and submit this form if your child requires medication (prescription or non-prescription) description. Parents and the program participants must sign this form. Please note that students will be responsible of administrating their medications.*

**Student Name:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

<b>Name of Medication:</b>  <b>Is this medication prescribed by a doctor?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Purpose of Medication</b>	
<b>Dosage</b>  x a day	<b>Medication Administered</b>  <input type="checkbox"/> On campus while at program	<b>Time of Administration</b> (if more than one dose is required while in program, please specify).  _____:____ A.M./P.M. (Circle One) _____:____ A.M./P.M. (Circle One)	
<b>Method of Administration</b>			
<b>Storage Requirements</b>  <input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other (please specify)		<b>Allergies</b> (food, medication, other)	
<b>Possible Side Effects</b>			

Signature of Parent and Participant:

Parent Name (Printed): \_\_\_\_\_

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

Parent Phone Number: \_\_\_\_\_

*I am informing DOiT 2020 Camp personnel of the medication listed above that my child is currently taking as prescribed by his primary doctor and am responsible for notifying the program if any medications change. I waive all claims against any of the Released Parties for any issues that arise during or result from the administration of the prescribed and non-prescribed medications. I release and forever discharge the Released Parties from all such claims.*