



Summer Day Camp

Permission & Waiver to Dispense / Self-Administer Medication

The Farmville Recreation Department will not dispense medication or allow self-medication by a child or other participant until the Permission and Waiver to Dispense/Self-Administer Medication and Medical Information forms have been fully completed and signed by a parent or guardian.

I _____, the parent/guardian of _____
(Print Name) (Print Name)

Give permission to the staff of the Farmville Rec. Department to administer to my child or to allow my child to self-administer the following medication:

1. Name: _____ Dosage: _____

Time: _____ Quantity Supplied: _____

Dispense & Storage Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dosage: _____

Time: _____ Quantity Supplied: _____

Dispense & Storage Instructions: _____

Possible Side Effects: _____

I understand that it is my responsibility to give the medication directly to the Camp Director or Camp Counselors in unopened individual containers, unopened non-prescription medication containers, or in original prescription bottles. I further understand that, in the case of a camp field trip, it is my responsibility to provide a satisfactory storage container. (i.e., a portable cooler for insulin)

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense/Self-Administer Medication form.

I hereby acknowledge that the information provided for the dispensing of medication for the camper is accurate. I also understand that it is my responsibility to inform the Camp Director or Counselors of any changes in the dispensing of medication.

I understand that if it is necessary for my child to take medication, or to allow my child to self-administer medication during camp hours, there are certain risks of physical injury in connection with the administering of medication to or self-administration by the camper. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Farmville Rec. Department administering medication to my child, I do hereby fully release or discharge the Town of Farmville and its employees or volunteers of any sort from any and all claims from injuries, damages, and losses that I or my child may have, arising out of, or in any way associated with the administering/dispensing of medication or self-administered medication.

Parent/Guardian Signature

Date