



**SUMMER CAMP
MEDICAL INFORMATION AND AUTHORIZATION TO DISPENSE MEDICATION
TO A SUMMER CAMP PARTICIPANT**

Please complete this form to notify The University of Akron (the “University of Akron”) if your child has any medical conditions or allergies of which camp staff should be aware. Unless the University of Akron has completed and signed parental authorization, the University of Akron CANNOT hold and administer ANY medications to a child attending summer camp.

Participant Name: _____

Camp: _____

Dates: _____

Please list any medical conditions or allergies of your child:

Condition or allergy	Impacts, potential reactions or restrictions while at camp

I hereby request and authorize that medication may be given to the Participant as follows:

Medicine	Dosage	Time of administration and any other instructions

Any other relevant information: _____

I understand that the above medicine will NOT be administered under the supervision of medical personnel. I also understand that it is my responsibility to ensure that the medicine is not expired, is provided to the University of Akron staff in the original pharmacy container labeled with the Participant’s name, medicine name, dosage, and all consumption instructions. I, on behalf of myself and my child, hereby release, waive, discharge, and hold harmless The University of Akron, its Board of Trustees, officers, employees, agents, representatives and



volunteers from every claim, liability or demand of any kind arising out of or related to my child being dispensed the above medications.

Child's Name (Printed)

Parent or Guardian's Name (Printed)

Date

Parent or Guardian's Signature