

THE UNIVERSITY OF MEMPHIS
SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Program/Camp Information

Program/Camp Name: _____

Location: _____ Date(s): _____

Participant Information

Participant's Name: _____

Participant's Date of Birth: _____ Participant's Age: _____

This form must be completed fully in order for participants to self-administer required medication. A new medication administration form must be completed for each program/camp attended by the participant, for each medication, each time there is a change in dosage or time of administration of a medication and/or at three (3) month intervals. Self-medication requires licensed health care authorization and signature and parent signature.

- My child does not need to take any medication while at the program/camp
- My child will need to take medication while at the program/camp
- My child needs to keep this medication with him/her at all times for emergency care

Medical Conditions (check all that apply):

____ Asthma ____ Heart Conditions ____ Diabetes ____ Hypoglycemia ____ Pregnancy
____ Seizures ____ Back/Neck Injuries ____ Broken Bones (recent) ____ Dizziness/Vertigo
____ Insect Stings (severe) ____ Other (explain) _____

Briefly explain any items checked and how the item might impact program participation.

Important Medical Information

All medications must be in the original prescription container and are to be given to staff for safekeeping with the exception of asthma inhalers and EPI pens that stay with participant. You shall fill out the attached form detailing the name of the medication and when and how it is to be given. Staff will dispense and log the medications according to parental instructions.

Dietary Restrictions

Please identify any dietary restrictions such as vegetarian/kosher/gluten free/peanut free/tree nut free/etc. Explain and identify how we can best accommodate the dietary restriction, if certain foods cause an allergic reaction, and how staff is to respond to the reaction.

Waiver and Release

I hereby acknowledge that camp personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my child to participate in the program/camp above, I hereby for myself, my child, and our executors administrators and assignees, assume all risks and hold the University of Memphis, its agents, members of the Board of Trustees, employees, representatives, all sponsors, affiliates, parties permitting use of property for the program/camp, coordinating groups, volunteers, and any individuals associated with the program/camp harmless from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever which may arise in connection with my child's participation in activities related to the program/camp.

Parent/Guardian Signature

Date

| |
|--|
| <p>Program Use Only Participant Name: _____ Program Session: _____ Received by: _____</p> |
|--|

**THE UNIVERSITY OF MEMPHIS
PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Participant Information

Participant's Name: _____

Participant's Date of Birth: _____ Participant's Age: _____

Medication Information

Medication Name: _____ Dose: _____

Specific Directions: _____

Time/Frequency of Administration: _____

If as needed, for what symptoms? _____

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions: _____

Time/Frequency of Administration: _____

If as needed, for what symptoms? _____

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions: _____

Time/Frequency of Administration: _____

If as needed, for what symptoms? _____

This form must be signed by a licensed healthcare provider authorizing self-administration of the above-referenced medication.

Prescriber's Signature
(Original Signature or Signature Stamp Only)

Date

Program Use Only

Participant Name: _____

Program Session: _____

Received by: _____