

Parent/Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication – Minors on Campus

This form must be completed fully for all Minor participants to self-administer prescription medication. This form must be completed for each camp attended by the Minor camper, for all medications, and each time there is a change in dosage or time of administration of a medication.

All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to the program hosted at/by Texas State under the condition that the Minor participant can self-administer the medication with written authorization by a parent/legal guardian.

Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Prescription medications must be stored by camp personnel unless authorization is provided by the parent/legal guardian for the Minor participant to self-carry an emergency use medication.

Minor Participant's Name: _____

Medication Name: _____ Dose: _____

Specific Directions (i.e. on empty stomach, with water, etc.): _____

Time/Frequency of administration: _____

Relevant side effects: _____

Special Storage Requirements (if any): _____

Is participant capable of self-managed care? Yes ☐ No ☐ Parent/Guardian Initials _____

Is participant authorized to self-carry this medication for emergency use? Yes ☐ No ☐ Parent/Guardian Initials _____

Prescriber's Name: _____ MD ☐ NP ☐ PA ☐ DO ☐

Prescriber's Address: _____

Telephone: _____ Fax: _____

I authorize self-medication by the above-named Minor for the above medication. I also affirm that the Minor has been instructed in the proper self-administration of the prescribed medication by the Minor's prescribing medical provider. I agree to release, discharge, indemnify and hold harmless for any and all purposes the camp sponsor, Texas State University, The Texas State University System, the Board of Regents, Texas State University officers, employees, or volunteers against any and all claims that may arise relating to the Minor's self-administration of prescribed medication identified herein.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____