

**TOWSON UNIVERSITY – CAC - SUMMER ART CAMP**

**Authorization for Self-Administration of Prescription & Non-Prescription Medication**

**Fax #410-704-2810**

**A. Parent Authorization**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ DATE \_\_\_\_\_

Program/Camp Name: SUMMER ART CAMP – COMMUNITY ART CENTER OF TOWSON UNIVERSITY

**All medication** in its original pharmaceutical container, labeled w/ child's name, medication name & dosage, must be stored with this form (signed by both parent & doctor) & kept with the Camp Director. Except emergency medications (Asthma inhalers, Epi-pens, Benedryl, Diabetic meds), the camper must be responsible for measuring & administering his/her own medication, with minimal adult supervision. Only emergency medications & regularly prescribed medications are to be sent to camp (i.e. Asthma meds, Epi-pens, Benedryl, diabetic meds, ADHD, seizure med). No other discretionary meds are to be sent to camp (i.e. Tylenol, Advil, cold preparations). If it is necessary for campers to have any of these medications, the parent will be asked to bring in & come to campus to administer. All medication must be picked up before the program ends or the Camp Director will dispose of the medication.

As the parent/guardian of the above-named participant, I hereby release, waive, discharge, and covenant not to sue Towson University, the University of Maryland System, the State of Maryland, and their officers, agents and employees, from all liability, claims, demands, actions or causes of action whatsoever arising out of their actions taken pursuant to this authorization.

\_\_\_\_\_ I authorize my son/daughter to self administer his/her own medication as directed by the physician.

Parent Name (*print*) \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**B. Physician Authorization**

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ (unless indicated stop date is the last day of camp)

Medication Name \_\_\_\_\_

Dosage/Route/Time/Frequency: (include emergency med instructions describing exactly when & how an emergency medication such as Benedryl, Epi-pen, asthma, or diabetic medication is to be given):

\_\_\_\_\_  
\_\_\_\_\_

**FOR SELF ADMINISTRATION /SELF MANAGEMENT OF ASTHMA INHALER ONLY (please initial):**

\_\_\_\_\_ This camper is able to self administer, manage & carry asthma inhalants for emergency use & has received adequate training by the physician /parent /nurse (circle one).

**FOR SELF ADMINISTRATION/SELF MANAGEMENT OF DIABETIC MEDS ONLY (please initial):**

\_\_\_\_\_ This camper is able to self administer/manage his/her diabetic care with adult supervision.

\_\_\_\_\_ This camper has received adequate training on how and when to use the above medication. I believe he/she is capable of self-administration of this medication.

Physician Name (*print*) \_\_\_\_\_ Phone \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_