

Hobie and Ann Woods,
Directors



P.O. Box 1266
Orinda, CA 94563
Phone: 925-283-3795
Fax: 925-283-1619
Email: camp@roughingit.com

Making a Difference in Children's Lives Since 1972

MEDICATION AUTHORIZATION AND LIABILITY RELEASE
RELEASE FOR GIVING MEDICATION AT CAMP

Child Name: _____

To be completed by parent:
Name of Prescribed Medication (1): _____
For treatment of: _____
Exact Dosage: _____
Period/Dates that Medication be Administered: _____
Name of Prescribed Medication (2): _____
For treatment of: _____
Exact Dosage: _____
Period/Dates that Medication be Administered: _____
Name of Prescribed Medication (3): _____
For treatment of: _____
Exact Dosage: _____
Period/Dates that Medication be Administered: _____

I, the parent/guardian, give permission for Roughing It to allow a counselor, or other designated staff member, to administer the above medication, as prescribed by the child's physician, during the period they are enrolled at Roughing It.

The medication is to be furnished by me, the parent/guardian, and is to be labeled with the name of the medicine, the amount to be given, and time of day to be taken. The physician's name is on the label.

I understand that my name on this form constitutes a waiver by me to the camp or staff member for liability for untoward reactions when the medicine is administered in accord with the physician's directions.

Parent/Guardian Signature _____

Parent/Guardian name (printed) _____ Date: _____