

South Plains College Campus Programs for Minors Authorization, Waiver, & Consent for Self-Administration of Prescription Medication

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

- No, my child does not need to take any prescription medication while at the program hosted at/by SPC
 Yes, my child will need to take prescription medication while at the program hosted at/by SPC

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 SPC under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at camp 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. Containers must hold only the amount required for the time the student will be attending the program hosted at/by SPC.

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 the participant capable of self-managed care? Yes No

Prescribing Physician: _____

Clinic Name: _____

Telephone: _____ Fax/Email: _____

I authorize and recommend self-medication by my child for the above medication. I also affirm that s/he has been instructed in the proper self-administration of the prescribed medication(s) by her/his attending physician. I agree to indemnify and hold harmless for any and all purposes sponsor, South Plains College, the Board of Regents for the South Plains College and their members, officers, servants, agents, volunteers, or employees against any claims that may arise relating to my child's self-administration of prescribed medication(s) including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____