

**THIS FORM MUST BE COMPLETED BEFORE YOUR CHILD  
CAN RECEIVE PRESCRIPTION MEDS AT CAMP.  
MUST BE SIGNED BY PARENT AND PHYSICIAN!**

RX Meds  
Div. Asst.

**2014 - Colorado Academy Summer Programs  
PHYSICIAN AUTHORIZATION/PARENT WAIVER FOR PRESCRIPTION\* MEDICATION  
that might need to be administered at camp.**

Name of Student \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

Number of days to be given on field trip \_\_\_\_\_ Storage Requirements \_\_\_\_\_

Special instructions for school personnel, if any \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PHYSICIAN, DENTIST, OR OTHER LICENSED PRESCRIBER**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Printed Name of Physician, Dentist, or other licensed Prescriber

\_\_\_\_\_  
Address

**It is required by Colorado Academy, as a condition to administer any prescription medication, that the  
medicine be authorized by a physician, dentist, or other licensed prescriber.**

By my signature below, I acknowledge that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. It is also understood that Colorado Academy does not have medical personnel on staff at all times to assist in the administration of medication and that medication may be administered by the divisional administrative assistant or designee. In consideration of the acceptance of the request to perform this service by personnel employed by Colorado Academy, the undersigned parent or guardian hereby agrees to release the said institution and its personnel from all liability, claims or demands for any damage, loss, or injury to the student arising out of the administration of (or failure to administer) the medication to the student.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
Printed Name

***\*The prescription medication (no more than 7 day supply, except for inhalers or epi-pens) must be brought to school in the original container appropriately labeled by the pharmacy or physician stating the name of the student, the name of the medication, dosage, and the time(s) the medication is to be administered.***

**Return completed form to the camp office.**