



**PARENT /GUARDIAN REQUEST FOR ASSISTANCE IN THE ADMINISTRATION OF
MEDICATION BY 7 SUMMITS CAMP STAFF**

Camper Name _____

Medication	Route or Method of Administration	Dosage	Time(s)

Please include both prescription & any over the counter medications your child will take during camp.

I/We understand and acknowledge that 7Summits Camp personnel are under no obligation to render the assistance requested and that such assistance may be rendered by an employee of 7Summits Camp who is not medically trained. I/We hereby release 7Summits Camp administrators and employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested.

Furthermore, I/We understand the parental responsibility to: 1). Deliver the medication to the camp in the original prescription container; 2). Notify the camp if the child changes physicians or medications; 3). Obtain a revised statement, signed by the physician who originally prescribed the drug and to deliver it to the camp when the child's therapy is changed in any manner during the course of camp; 4). Recover any medication not administered by the camp; and 5). Discuss any concerns with the camp director or authorized personnel.

Signature of child's parent or legal guardian

Date

Please bring all medications directly to the camp office on the first day of camp if your child will need medicines dispensed during camp hours.