

**AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY**  
**(page 1 of 2)**

For the safety of our campers, we have a strict policy for the handling of medication at camp. If your child will be taking medication while at camp, please be sure to follow the specific procedures listed below. *Please note: Students will not be admitted to camp if these procedures are not followed.*

- We ask that students attending camp please take ALL medication and/or vitamins before camp, unless they MUST be taken during camp hours.
- ALL medication MUST be brought to camp in their ORIGINAL CONTAINERS and given to camp staff on the first day of camp. Please do not take the medication out of the container.
- The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.
- Students will be responsible for self administering medication in accordance with the instructions below. In the case of emergency, or the camper cannot administer the medication themselves, a camp staff member will assist.
- Students needing injections (insulin, hormones, etc.) will need to self-administer the medication.
- Camp staff are not medical professionals. We will attempt to meet all reasonable accommodations regarding your camper and the medication they need to take during camp.
- All medication information MUST be completely entered in your child's Health History form.
- It is the responsibility of the Parent/Guardian to pick up any remaining medication at the end of the week. Any medication and/or vitamins left at camp will be disposed of.

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_

To be taken at: \_\_\_\_\_

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

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_

To be taken at: \_\_\_\_\_

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

Medication #3: \_\_\_\_\_ Dosage: \_\_\_\_\_

To be taken at: \_\_\_\_\_

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

**AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY**  
**(page 2 of 2)**

I HEREBY AUTHORIZE the designated representatives of The Watersports Camp to administer the medication described on this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY form. It is the policy of The Watersports Camp to provide the medicine to the camper to self-administer in accordance with instructions listed on this form. Should the camper be unable to administer the medication themselves, a staff member will assist in the administration. In consideration of the administration of this medication in accordance with the directions of my child's doctor, I hereby release State of California, the YMCA, the Trustees of the California State Universities, San Diego State University, Regents of the University of California, the University of California San Diego, the Associated Students of San Diego State University and all of their officers, employees and agents (referred to below as the "RELEASED PARTIES") from any and all liability for damages resulting from the administration of this medication to my child. I further agree to hold harmless and indemnify the RELEASED PARTIES from any costs or expenses associated with any claim brought against them for actions taken pursuant to this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY and such indemnification to include attorney fees, costs of any litigation or claim or any damages or out of pocket costs occasioned by The Watersports Camp, its agents or representatives or employees.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prescribing Physician

\_\_\_\_\_  
Physician Phone