



Calvert County Department of Parks & Recreation MEDICATION RELEASE FORM

Parent/Legal Guardian: Please complete and sign if the camper requires medication during camp hours.

I, _____, the parent/guardian of

_____ Hereby request that identified members of the camp staff be caretakers of medication and administrators of prescribed medication for the camper named above and as prescribed by my physician _____.
Physician's Name

I understand that members of the camp staff will be instructed to take any medication from the camper upon arrival at the camp and secure it in a safe location.

I understand that at a prescribed time, a staff member will retrieve the medication and hand it to the camper in the container. The staff member will then watch the camper take the medication.

I also understand that the staff who will administer this medication are medically untrained. I hereby state, without reservation that I will not hold the Calvert County Department of Parks and Recreation, or any of their employees and volunteers liable for any harm or injury which may be incurred by the camper in connection with this medical assistance, or damage/loss of medical equipment.

Signature of Parent/Guardian

Date

PLEASE NOTE ALL MEDICATION FORMS MUST BE SUBMITTED PRIOR TO THE FIRST DAY OF CAMP

- **Medication Release Form** (this form)
- **Medication Administration Authorization Form** (completed by physician)
- **Action Plan completed by physician for the following per diagnosis:**
 - **Allergy Action Plan** (ie: peanuts, sunscreen, etc)
 - **Asthma Action Plan**
 - **Seizure Action Plan**