

CAMP BRIAR HILL

MEDICATION FORM

If you wish to provide Briar Hill with medication to administer as directed, you must complete this form. **IMPORTANT: It is a state requirement that any medication you provide must not be expired and must include manufacturer instructions.**

Camper Name _____

Name of Medication _____

Instructions (including Times & Dosages)

Possible Reactions (what to look for)

Release and Hold Harmless Agreement:

I understand that the employees of Briar Hill are not licensed medical professionals, and that administration of my child's medication will be performed by an individual who is not so licensed. I understand the risks associated with this possibility, and I assume them on my child's behalf. I further agree and acknowledge that as long as the correct protocol is followed, the camp and its employees will have no liability as a result of any injury arising from the administration of medication to my child and that I will hold blameless the camp and its employees against any claims arising out of the administration of medication to my child.

Parent/Guardian Signature _____

Date _____