

# Waiver or Authorization for Medication Administration

## REQUIRED FOR ALL OVERNIGHT ATTENDEES

Please complete this form if your child is attending a Renaissance Adventures overnight program, regardless of whether your child needs medication. Full authorization for "medication" is required when your child uses a prescription medication, epi-pen, inhaler, or any over the counter remedy (including ibuprofen, allergy medicine, and herbal remedies).

Please check the appropriate box, fill in the required information, and return this form to us no later than two weeks before the program begins, either via email or letter mail.

I attest that \_\_\_\_\_ will not be taking any medications while attending a Renaissance Adventures overnight program. If this changes then I will notify Renaissance Adventures in writing and I will resubmit this form to include medication authorization from my health care provider, as required in the section below.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

I attest that \_\_\_\_\_ will be taking medication while attending a Renaissance Adventures overnight program. I hereby authorize the properly qualified health supervisor of Renaissance Adventures to administer the medication that is prescribed.

*Note: A separate form must be filled out for each medication.*

Name of Participant \_\_\_\_\_

Name of Physician \_\_\_\_\_

Phone Number of Physician \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_

Date Authorized \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time of Medication Administration \_\_\_\_\_

Route of Medication \_\_\_\_\_

Date of Final Administration \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Possible Side Effects or Reactions \_\_\_\_\_

Special Instructions \_\_\_\_\_

### To Be Completed by Parent or Guardian:

I hereby give permission for \_\_\_\_\_ to take the above-listed medication during the program run by Renaissance Adventures. **I understand it is my responsibility to provide the medication in its original bottle.**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_