



## **Permission to Dispense Medication Waiver and Release of All Claims**

Camp Victory Texas, Inc. will not dispense medication to a minor child or any other participant until the **Permission and Waiver to Dispense Medication** and **Medication Information Form** have been fully completed by a parent or guardian.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent's/Guardian's Name(s): \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

MEDICATION NAME	DOSAGE	TIME TAKEN

Please list any known possible side effect of medication on the child and which medication it may apply:

\_\_\_\_\_

Please list special dispensing or storage instructions that may apply to the medication(s) and to which medications they apply:

\_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Name) (Print Name)

give permission to the staff of the Camp Victory Texas, Inc to administer to my child the medication(s) listed above.

I understand it is my responsibility to give medication (including inhalers) directly to the CVTI in individual dosage container, original prescription containers. I also understand and give consent, that over-the-counter medicine such as cough medicine, Tylenol etc., may be administered if needed.

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

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate.

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