



## Medication Release Form

At Lake Poway Day Camp, you're child's safety is our number one priority. We understand that some children will need to take medication while they are at camp. If your child requires medication while they are in attendance at Lake Poway Day Camp, please complete the form below. All medication provided must be prescribed by a doctor and medication must be labeled with the child's information on it. If your child requires an Epi-Pen or Inhaler, additional forms are required. Please go to Lake Poway Day Camp's website at [www.poway.org/daycamp](http://www.poway.org/daycamp) and complete the required forms for Epi-Pens and Inhalers.

**Important: You're child's doctor's signature is required on all forms.** Staff will not be able to receive medication unless the forms are properly filled out, including your child's doctors signature.

I hereby request that the City of Poway Lake Poway Day Camp Program staff (the "Camp Staff") administer medication to my child or ward (referred to as "child") as prescribed by a physician licensed under the laws of the State of California. Medication and information will be properly secured in the office and only accessible by the necessary Camp Staff. Lifesaving medication, such as epi-pens and inhalers, will be carried by the camp counselor supervising my child. If it is necessary for the child to carry the medication at all times the doctor needs to specify this on this form.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication	Dosage	Time/Intervals	Special Notes/Possible Reactions	Pill Count/ Liquid Level <small>(to be completed by staff)</small>

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescribing Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Notes for Camp Staff

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**Waiver:** I understand that as the parent(s)/guardian(s) I am responsible for ensuring that all medication is properly labeled by a pharmacist and replaced prior to the expiration date. I also understand that the medication must have the original prescription label complete with the child/ward's name, doctor's instructions, and dosage. I further understand that members of the Camp Staff are not trained to determine or assess whether the dosage and medication listed on this form is appropriate for my child/ward, and that the Camp Staff is relying on the directions for administration provided by the prescribing physician, above.

I agree to indemnify, defend, and hold the City of Poway, its officers, employees, and agents harmless for all liability, loss, suit or claim, of whatever nature and kind, which might arise as a result of the City of Poway, its officers, employees, or agents, assisting the child in administering the medication in accordance with the physician's directions attached to this document. I understand that all medication must be in a prescription bottle with the prescribing physician's name. Medication will not be accepted in any other container, and children may not medicate themselves. I also understand that medication left after August 14, 2020 will be properly disposed of by the City of Poway, and I release any claim of ownership after that date.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

