PERMISSION TO DISPENSE OVER-THE-COUNTER MEDICATIONS
WAIVER AND RELEASE FORM

CAMPER’S NAME/DATE: ____________________________ Date: _______

The ARETE Swim Camp’s designated personnel will not dispense over-the-counter medication (i.e., Tylenol®, aspirin, ibuprofen, cold remedies, etc.) to the above named participant until the following information has been completed by a parent or guardian. In all cases, the recommended dosage of any over-the-counter medication will be adhered to according to the manufacturer’s instructions: I, the parent/guardian of give permission to the staff of the ARETE Swim Camp to administer to my child:

Please check “YES” or “NO” to allow the camp staff to give your child the following:

A. Anti-Inflammatory / Pain Medications: Ibuprofen (Advil) -YES ☐ NO
B. Anti-Inflammatory / Pain Medications: Acetaminophen (Tylenol) ☐ YES ☐ NO
C. Antacids / Anti-Nausea: Maalox (heartburn, sour stomach, and acid indigestion) ☐ YES ☐ NO
D. Antacids / Anti-Nausea: Pepto Bismol (heartburn, nausea) CONTAINS ASPIRIN ☐ YES ☐ NO
E. Throat / Cough Lozenges: Cepacol (temporary relief for sore throat) ☐ YES ☐ NO
F. Allergies: Benadryl (allergic reactions) ☐ YES ☐ NO
G. Other: ☐ YES ☐ NO

If after administering over-the-counter medication there is an adverse reaction, I give my permission to the ARETE Swim Camp personnel to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of over-the-counter medication to my minor child. I hereby release The ARETE Swim Camp Inc, its officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of over-the-counter medication. I intend this release to be binding upon my heirs, executors, administrators, and assigns. I further agree to indemnify, hold harmless and defend the Institution and its governing board, officers, employees, and representatives from any and all claims resulting from injuries, damages and losses sustained by me or my minor child that may result from my intentional act or omission arising out of administering over-the-counter medication.

Signature of parent ____________________________ Date: _____________
ARETE Swim Camp

ADDENDUM – SELF ADMINISTERING OF MEDICATION

For this camper to carry and self-administer medication during the ARETE Swim Camp activities, this form must be completed by an authorizing parent or legal guardian.

PARTICIPANT:__________________________________

NAME OF MEDICATION(S): ______________________________________________

REASON FOR TAKING: ___________________________________________________

As the parent/guardian of the above named camper,

• I affirm and agree that my child has been instructed in the proper use of the medication and is physically, mentally, and behaviorally capable of administering the medication on his/her own without camp personnel supervision. I also affirm that he/she has an adequate supply of the medication for the duration of the camp, and has the ability to properly store and secure the medication.

• I affirm that my child understands and agrees that he/she will use the medication only as prescribed by a physician and/or according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp.

• I agree that my child understands that failure to abide by this agreement constitutes a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

Parent Signature: ______________________________________________ Date: _________

DO NOT MAIL: PLEASE COMPLETE AS NECESSARY AND BRING TO CAMP REGISTRATION