



***CALVERT COUNTY DEPARTMENT OF
PARKS AND RECREATION
MEDICATION RELEASE FORM***

PARENT OR LEGAL GUARDIAN: PLEASE COMPLETE AND SIGN IF THE CAMPER REQUIRES MEDICATION DURING CAMP HOURS.

I, _____, the parent/guardian of _____ hereby request that identified members of the camp staff be caretakers of medication and administrators of prescribed medication for the camper named above and as prescribed by my physician

Physician's Name

Physician's Phone Number

I understand that members of the camp staff will be instructed to take any medication from the camper upon arrival at the camp and secure it in a safe location.

I understand that at a prescribed time, a staff member will retrieve the medication and hand it to the camper in the container. The staff member will then watch the camper take the medication.

I also understand that the staff who will administer this medication are medically untrained. I hereby state, without reservation that I will not hold the Calvert County Division of Parks and Recreation, or any of their employees and volunteers liable for any harm or injury which may be incurred by the camper in connection with this medical assistance, or damage/loss of medical equipment.

Signature of Parent/Guardian

Date