

<http://www.state.gov/m/a/os/121853.htm>

Medication Release Form

Name of Participant: _____

Medication: _____

Dosage: _____ (Amount and times during the day)

Special Instructions *(including any special storage requirements and noting any side effect(s) of which the Program Leader at Drake University should be aware)*

Reason for the medication: _____

Date: _____ Name of Physician: _____

Signature of Physician: _____

Parental Consent and Waiver

I hereby give my permission for my child _____ enrolled in the **Bulld.O.G.S. in Healthcare** event at Drake University to take the above prescribed medication at Drake.

Notice: No prescription medication may be used or possessed at Drake University unless the Drake Program Leader receives this completed form. All medicine brought into Drake must be kept by the Program Leader and must be in the original container, appropriately labeled by the pharmacy or physician.

Waiver of Liability

I understand that the Program Leader will administer only the prescribed medication mentioned above. I hereby waive any and all claims against the Program Leader and Drake University, and agree to hold the program leader and Drake University harmless from any and all liability, which may arise in connection with my child's use of the medication.

Parent or Guardian's Signature _____ Date: _____