TEXAS A&M AGRILIFE EXTENSION

SAP 05.07.2025

Parent Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication – Participants 14 years of age or older

This portion of the form must be completed fully in order for participants to self-administer required medication. This form must be completed for each camp/program attended by the youth, for all medications, and each time there is a change in dosage or time of administration of a medication. Program Managers reserve the discretion to use this form.

Participant Name _____

Date of Birth _____ **Age** _____ **County** _____ **District** _____

Name of Event Attending _____ **Event Date(s)** _____

☐ No, my child does not need to take any prescription medication while at the program.

☐ Yes, my child will need to take prescription medication while at the program.

All prescription medications, including medications for conditions such as food, drug or insect allergies, diabetes; asthma; or epilepsy may be brought to the program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at program by a parent/legal guardian. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the youth will be attending the program.

Medication Name: _____ Dose: _____

Specific Directions (i.e. on empty stomach, with water, etc.) _____

_____

Time/Frequency of administration: _____

Relevant side effects: _____

Special Storage Requirements (if any): _____

Is the participant capable of self-managed care? ☐ Yes ☐ No

Prescribing Physician: _____

Telephone of Physician: _____

I authorize and recommend self-medication by my child for the above medication. I also affirm that s/he has been instructed in the proper self-administration of the prescribed medication(s) by her/his attending physician. I agree to indemnify and hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, Texas A&M AgriLife Extension, the Texas 4-H Youth Development Program and their members, officers, servants, agents, volunteers, or employees against any claims that may arise relating to my child's self-administration of prescribed medication(s) ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.***

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Adapted from Auburn University's Summer Experience Required Form Packet, http://www.auburn.edu/student_info/auband/event/summer_camps/documents/2014_medical_form.pdf