

Parent/Guardian Authorization, Waiver, & Consent For Over-the-Counter Medication Administration

Over-the-Counter (OTC) medication administration may be warranted for minor illness or injury to Minor participants while attending a Texas State University hosted/sponsored camp. Parent/Guardian authorization is required for the administration of any OTC medication to a Minor camp participant. Camp personnel cannot administer OTC medication without this authorization.

Minor Participant Name: _____

I hereby authorize that the following medications may be given to my child if the need arises. You may dispense only those over-the-counter (OTC) medications checked below:

- ☐ Advil/Ibuprofen as directed for minor pain or fever
- ☐ Tylenol/Acetaminophen as directed for minor pain or fever
- ☐ Hydrocortisone 1% cream/ointment for minor skin rashes or insect bites
- ☐ Sunscreen
- ☐ Insect repellent
- ☐ Other _____

I understand that camp personnel reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will **not** be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, pain, significant inflammation, or itching that does not respond to the above outlined treatment will be followed-up by a consultation with the Minor participant's parent/guardian. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to the above-named Minor as indicated above. I agree to release, discharge, indemnify and hold harmless for any and all purposes the camp sponsor, Texas State University, The Texas State University System, the Board of Regents, Texas State University officers, employees, or volunteers against any claims that may arise relating to the above-named Minor being administered the authorized OTC medications.

I have legal authority to consent to medical treatment for the Minor participant named above, including the administration of medication at the program hosted/sponsored by Texas State University.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____