



# MISSISSIPPI STATE UNIVERSITY™ UNIVERSITY RECREATION

## Youth Dawgs Summer Camp | Medical Form

### PERMISSION FOR DISPENSING OF MEDICATION

It is required by Mississippi State University (MSU), as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. I request that:

Participant Name			
Medication		Dosage	
Administration Date(s)		Administration Time	AM / PM
Anticipated Reaction (*if applicable)			

I give permission to MSU to dispense medication to the camp participant named above while they are participating in a MSU program for which an appropriate authorization has been provided. I understand that MSU does not have medical personnel on staff to assist in the administration of medication for camp participants and that medication will be dispensed by the camp staff; I understand that MSU will not and cannot assess the need for, or assume any risks associated with, the administration of any medication. I understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks.

Despite this knowledge, I covenant not to sue and release MSU and each of its trustees, employees and agents from all liabilities, claims, and demands for injury or loss that I and/or the above-named participant may now or in the future have, resulting from the dispensing and/or administration of medication while in a MSU program or any disclosure relating to medication administered. I understand the prescription medication must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the participant named above, the medication, and dosage.

### AUTHORIZATION FOR MEDICAL TRANSPORTATION AND TREATMENT

If my child is injured in an accident or becomes seriously ill while participating in a MSU camp program, I authorize MSU to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of their injury and that is in accordance with the protocols of standard medical practice. Finally, I accept full financial responsibility, for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold MSU harmless from all such costs, charges, and fees.

Known Allergies	
Special Needs / Requests	

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_