



YOUTH PROGRAM SELF-ADMINISTRATION OF MEDICATION FORM

This form must be completed for minor participants to self-administer any medication, both prescription and non-prescription, during the program. A new form must be completed for each program attended by the participant and each time there is a change in dosage of a medication.

Participants must be able to self-administer all medications. Program Staff will not assist participants in taking their medications nor remind participants to do so. All medications must be in the original container.

___ No, my child does not need to take any medication during the program.

___ Yes, my child will need to take medication during the program, and I affirm they have been instructed in the proper self-administration of the following medication(s):

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

I hold harmless the Program Director and Program Staff, the University of Richmond, its Board of Trustees, and all other officers, directors, employees, and agents against any claims that may arise relating to my child's self-administration of prescription and non-prescription medication(s).

Participant Printed Name

Program Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date