



**CERA KIDS / TEEN CAMP
REQUEST TO ADMINISTER MEDICATION**

NOTICE TO PARENTS/GUARDIANS:

Whenever medication is to be taken by your child or teen at CERALand, this form must be completed and signed. The form must be completed and signed for any prescription or non-prescription medication. **Prescription medicine must come in the original container from the pharmacy.** This shows the child's name, physician's name, RX (prescription number), name of medication and dosage. **Non-prescription medicine must come to the park in the original container.** Thank you

Child's Name: _____

Age: _____ Physician: _____

Name of Medication(s): _____

Dosage: _____ Rx. No.: _____

Time: _____

_____ Child may carry medication home.

_____ Child may **NOT** carry medication home.

I hereby request that _____ (child / teen name) take the above medication at CERALand and that the Head Camp or Assistant Camp Counselor administer the medication. I understand that it is my responsibility to furnish this medication and proper instruction for administering the same. I further understand that any CERA employee who administers this medication to my child / teen shall not be liable for damages as a result of the request, and I shall indemnify and save harmless the park employees against any claims for such damage. By giving my signature below, I the undersigned, hereby agree to waive, release and indemnify CERA, it's Board of Directors, Officers, Agents and Assigns from any and all claims, demand actions or suits (*including but not limited to costs and attorney fees*) arising out of death, damage or any loss which might be sustained by my child or teen as a result of my medication authorization request as stated above.

Signature of Parent/Guardian: _____

Date: _____