



Medication Consent Form
Bronco Kidz Sports Camp

Camper: _____

Date: _____

Parent/Guardian (s): _____

Medication(s): _____

Medical Supervision/Administration of Medicines: I understand that the University is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this paragraph below, that the University may administer an epinephrine injection (Epi-Pen) or administer Insulin to my child, and if the University has agreed to administer an epinephrine injection (Epi-Pen) or administer Insulin by signing this paragraph below, I authorize the University to administer the epinephrine injection (Epi-Pen) or administer Insulin listed on this form, as indicated, but recognize that then school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the University, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

NOTE: ALL MEDICINES TO BE TAKEN ON UNIVERSITY GROUNDS, WHETHER SELF-ADMINISTERED OR ADMINISTERED BY THE UNIVERSITY (IF UNIVERSITY AGREES TO DO SO), MUST BE ARRANGED FOR IN ADVANCE, AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE CHILD'S NAME AND DOCTOR'S INSTRUCTIONS.

THE UNIVERSITY WILL NOT ADMINISTER MEDICINES UNLESS A PHYSICIAN'S WRITTEN AND SIGNED AUTHORIZATION, INCLUDING COMPLETE INSTRUCTIONS, IS ATTACHED TO THIS FORM.

In consideration of the arrangement indicated above, the undersigned hereby releases and discharges Santa Clara University, its respective officers, agents and employees (the "University") for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages be caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, excepting only injuries or damage resulting from University's willful misconduct. I authorize and request the University to administer the above medication(s) to my child on these terms.

I HAVE READ THIS CONSENT FORM AND UNDERSTAND ITS TERMS. I EXECUTE THIS CONSENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian: _____
(date)

On behalf of the University, I agree to supervise administration of the above medications

Name: _____ Title: _____

Signature: _____