

UNIVERSITY OF WEST FLORIDA AUTHORIZATION TO DISPENSE MEDICATION

It is required by The University of West Florida Board of Trustees ("UWF"), 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.

Name of Participant: _____ Age: _____

Name of medication	Dosage of medication	Date/Time to dispense medication

I request that my child named above receive the above-named medication in the doses and at the times indicated.

Physician's description of any anticipated reaction of child to the medication(s):

I give permission to UWF to dispense medication to my child named above while she/he is participating in a UWF program for which an appropriate authorization has been provided. I understand that: (1) UWF does not have medical personnel on staff to assist in the administration of medication for my child and that medication will be dispensed by the staff; (2) UWF will not and cannot assess the need for, or assume any risks associated with, the administration of any medication; and (3) the administration of any medication involves a risk of injury, which ranges from minor to catastrophic, and it is impossible to eliminate such risks. I absolutely and unconditionally agree to indemnify, defend, and hold harmless UWF and its trustees, officers, employees, and agents from any liability that I or my child may now or in the future have resulting from the dispensing or administration of medication while at UWF 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.

Printed Name of Parent/Guardian

Signature of Participant or Parent/Guardian

Date: _____

Name of Emergency Contact

Telephone Number of Emergency Contact