

PACE for Minors Medication Authorization

PACE for Minors: _____

Participant Name: _____

Will the youth need to take any medication at camp? No Yes

If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

The University of Texas at Dallas sponsored _____ (PACE for Minors name) designated individuals will not dispense non-prescription or prescription medication to the above named participant until the following information has been completed by a parent or guardian. It is the responsibility of the parent/legal guardian to give the medication directly to the camp director or designated staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of camp.

I _____, the parent/legal guardian of _____ give permission to the staff of the _____ (PACE for Minors name) to administer the prescription medications listed above.

My child may possess and self-administer the following medicine:

_____ and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

I hereby release The University of Texas at Dallas, its Board of Regents, officers, employees, and representatives in their individual and official capacities, from all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action that might result from any act or omission regarding the administration of medication, whether caused by any type of negligence or otherwise.

SIGNATURE OF PARENT/LEGAL GUARDIAN