

University of Wisconsin-La Crosse

PART ONE:
CONSENT FOR MEDICATION ADMINISTRATION
and MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-La Crosse, it is camp policy to secure your consent for medication distribution and for the use of medical devices.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

- No medication has been brought to camp.
Over-the-counter Tylenol may be administered by staff if needed.
I want the medication or medical devices self-administered. (Age 14 and above only.)
I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Name of Medication (s) Prescribing Doctor Doctor's Phone #
Amount to be taken How is it taken? When to be administered
Day(s) to be taken Special Instructions

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-La Crosse, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

Participant Name (Please Print)

Signature (Parent or Guardian if under 18)

Date

PHOTO CONSENT

I understand that the University may take photographs of camp participants and activities. I agree that the University of Wisconsin-La Crosse shall be the owner of and may use the photographs relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs.

Signature (Parent or Guardian if under 18)

