



## SELF-ADMINISTRATION OF MEDICINE AUTHORIZATION FORM

Camper's Name:

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Date of Birth:

Age/Grade:

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Name of Camp:

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Medication(s):

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**The following section is to be completed by the parent or legal guardian of the camper**

I hereby request and give permission for my child to be allowed to carry and/or self-administer medication(s) as prescribed by my child's physician. Administration shall comply with the physician's directions and written prescription(s). I will notify the City of North Port, through its agents and employees, if the health status of my child changes, there is a change in prescribing physician, a change in contact information, or if there is a change/cancellation to my child's medication(s). I acknowledge it is my responsibility to ensure that my child has the proper medication(s), that all medicines are within the expiration date for proper use, and that the delivery system is functioning properly. I understand that no other medication(s) other than those prescribed by my child's physician are allowed by carried and taken by my child.

I understand that a new authorization is required for each summer camp, spring camp, and/or winter camp that my child participates in through the City of North Port. I understand that I will properly label the medication my child will take and acknowledge that administration complies with the directions of my child's physician.

**NOTE: if Epinephrine is used, 9-1-1 must be activated.**



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I hereby waive, release, and agree to indemnify, defend, and hold harmless, the City, its commissioners, officers, agents, and employees from any claim, demand, liability, cost, suit, judgments, damages, charges or compensation for loss or injury of any kind (including but not limited to reasonable attorneys' fees and court costs, whether such fees and costs are incurred in negotiations, at the trial level or on appeal, or in the collection of attorneys' fees), arising out of a loss or an injury or death, including losses or injuries arising from any acts, actions, inactions, or negligence of the City, its commissioners, officers, agents, or employees from my child's self-administration of medication while attending the above-referenced camp. I acknowledge that the City will not assume any costs relating to any injury while my child is involved in this camp. Nothing herein shall constitute a waiver of sovereign immunity or consent by the City or its subdivisions to lawsuits by third parties.

Parent/Legal Guardian Name (print):

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Parent/Legal Guardian Address:

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City:

State:

Zip:

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Phone:

Alternate Phone Number:

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Parent/Legal Guardian Email:

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Parent/Legal Guardian Signature:

Date:

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