



**UNIVERSITY-SPONSORED YOUTH PROTECTION PROGRAMS  
MEDICAL INFORMATION AND AUTHORIZATION TO DISPENSE MEDICATION**

Please complete this form to notify The University of Akron (the "University of Akron") if your child has any medical conditions or allergies of which youth program personnel should be aware. Unless the University of Akron has completed and signed parental/guardian authorization, the University of Akron CANNOT hold and dispense ANY medications to a youth program participant. Please note that medication provided must be such that it can be self-administered by the program participant and reasonably stored and handled by the University of Akron's program personnel.

**Participant Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

Please list any medical conditions or allergies of your child:

Condition or allergy	Impacts, potential reactions or restrictions while at camp

I hereby request and authorize that medication may be accessed and self-administrated by the participant as follows:

Medicine	Dosage	Time to be dispensed and any other instructions

Any other relevant information: \_\_\_\_\_

I understand that the above medicine will NOT be administered under the supervision of medical personnel. I also understand that it is my responsibility to ensure that the medicine is not expired, is provided in a plastic bag to the University of Akron's program personnel in the original pharmacy container labeled with the participant's name, medicine name, dosage, and



all consumption instructions. I, on behalf of myself and my child, hereby release, waive, discharge, and hold harmless The University of Akron, its Board of Trustees, officers, employees, agents, representatives and volunteers from every claim, liability or demand of any kind arising out of or related to my child being dispensed the above medications.

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Child's Name (Printed)

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Parent or Guardian's Name (Printed)

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Date

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Parent or Guardian's Signature