

THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Summer Sports Camps
Departments of Intercollegiate Athletics for Men and Women

PERMISSION TO DISPENSE MEDICATIONS/WAIVER AND RELEASE FORM

CAMPER'S NAME _____ DATE: _____

TENNIS CAMP SESSION: _____

The UT Sponsored Sports Camp's designated personnel will not dispense medication to the above named participant until the following information has been completed by a parent or guardian. Medications are defined as **prescription** (i.e., antibiotics, insulin, inhalers) or **over-the-counter** (i.e., Tylenol[®], aspirin, ibuprofen, cold remedies). I understand it is the parent's/guardian's responsibility 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. In all cases, the recommended dosage of any medication will be adhered to according to the following instructions:

I _____, the parent/guardian of _____

give permission to the staff of the UT Sponsored Sports Camp to administer to my child:

MEDICATION _____ Dosage _____

Dispensing Time _____

Reason for Giving _____

Special Storage Instructions _____

MEDICATION _____ Dosage _____

Dispensing Time _____

Reason for Giving _____

Special Storage Instructions _____

If after administering medication there is an adverse reaction, I give my permission to the UT Sponsored Sports Camp personnel to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of medication. I intend this release to be binding upon my heirs, executors, administrators, and assigns. I further agree to indemnify, hold harmless and defend the Institution and its governing board, officers, employees, and representatives from any and all claims resulting from injuries, damages and losses sustained by me or my minor child that may result from my intentional act or omission arising out of administering medication.

Signature of Parent or Guardian

Date