Metroplex Gymnastics will not dispense medication to or allow self-medication by a child or other participant until the Permission and Waiver to Dispense/Self-Administer Medication and Medication Information Forms have been fully completed by a parent or guardian.

I _____ the parent/guardian of _____ give permission to the staff of Metroplex Gymnastics to administer to my child or to allow my child to self-administer:

1. Name _____
    a. Dose _____
    b. Time _____
    c. Quantity Supplied _____
    d. Dispensing and Storage Instructions _____
    e. Possible Side Effects _____
2. Name _____
    a. Dose _____
    b. Time _____
    c. Quantity Supplied _____
    d. Dispensing and Storage Instructions _____
    e. Possible Side Effects _____

Other Information _____
_____

May Camper Self-Administer Medication? Circle YES NO

I understand that it is my responsibility to give the medication directly to the Camp Director or Head Counselors in unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles. Medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense/Self-Administer Medication Form. I hereby acknowledge that the information provided for the dispensing of medication for my camper is accurate. I also understand that it is my responsibility to inform the Camp Director or Head Counselors of any changes in the dispensing of medication. I understand that if it is necessary for my child to take medication, or to allow my child to self-administer medication, during camp hours, I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to or self-administration by my child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services. In consideration of Metroplex Gymnastics administering medication to my child, I do hereby fully release or discharge Metroplex Gymnastics and its employees from all claims from injuries, damages, and losses I or my child may have (or accrue to me and my child), arising out of, or in any way associated with the administering/dispensing of medication or self-administered medication.
Signature: _____ Date: _____