



Nature Vision Medication Information and Authorization

LIABILITY RELEASE

Program _____ Program Date(s) _____

Participant's Last Name _____ First _____

Home Phone _____ Birth Date _____ Age _____

Parent's Last Name _____ First _____

Address _____ City/Zip _____

Phone where you may be reached today _____

Alternate Phone (who) _____ (who) _____

Name of Medication _____

Specific instruction on dosage and when medication is to be administered (oral or topical only):

All medication must be in the original container from the pharmacy or doctor, clearly labeled with the participant's name, the physician's name and the strength of medication, and directions for taking by the participant.

LIMITATION OF LIABILITY AND INDEMNITY. IN CONSIDERATION OF ALLOWING MY CHILD TO PARTICIPATE IN NATURE CAMP, I KNOWINGLY RELEASE AND HOLD NATURE VISION, ITS OWNERS, EMPLOYEES, VOLUNTEERS AND DIRECTORS HARMLESS TO THE EXTENT PERMITTED BY LAW, FROM AND AGAINST ALL LIABILITY FOR LOSS, INJURY, OR ILLNESS TO MY CHILD RESULTING FROM HIS/HER PARTICIPATION IN NATURE CAMP. I AGREE TO INDEMNIFY NATURE VISION, ITS OWNERS, EMPLOYEES, VOLUNTEERS AND DIRECTORS FROM ALL COSTS AND EXPENSES WHICH IT OR THEY MAY INCUR DUE TO CLAIMS OR DEMANDS ALLEGING SUCH A LOSS OR INJURY, INCLUDING SETTLEMENT PAYMENTS, COURT JUDGMENTS AND REASONABLE LEGAL DEFENSE FEES. I AGREE THAT NATURE VISION SHALL HAVE FINAL AUTHORITY REGARDING THE DEFENSE AND SETTLEMENT OF CLAIMS OR SUITS BROUGHT AGAINST IT OR ANY OF ITS OWNERS, EMPLOYEES, VOLUNTEERS OR DIRECTORS, CLAIMING ANY SUCH LOSS OR INJURY.

_____ (Parent/Guardian Initials)

_____ (Parent/Guardian Initials)

Your initials and signature signifies that you are over the age of 18 and that you have read and agree to the above on behalf of yourself and your child.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

CAUTION: The medication should be delivered directly to the Camp Director by the parent or guardian. PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING. MEDICATION WILL NOT BE GIVEN UNTIL THIS FORM HAS BEEN SIGNED AND DELIVERED TO CAMP DIRECTOR.