



**Summer Youth and Precollege Programs in the Arts**  
**WAIVER, RELEASE, & AUTHORIZATION**  
**TO SELF-ADMINISTER MEDICATION**

Participant Name: \_\_\_\_\_ Program: \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of  
\_\_\_\_\_ hereby agree to the following:

- 1. My child has asthma and/or allergies which require him/her to routinely receive medication as quickly as possible in order to avoid a medical crisis or for better control of his/her condition. In the interest of his/her personal well being, I hereby grant my child the authority to carry the medication listed below and to self-administer it as directed by the prescribing physician when needed.

Asthma Inhaler     Epi-Pen®

The medication listed above was prescribed to my child by a licensed physician for:

\_\_\_\_\_  
(please state allergy or condition)

- 2. My child has the knowledge and skills to safely possess and use the identified medication in a camp setting. I take full responsibility for my child's adherence to the dosing schedule; PURCHASE COLLEGE will not monitor self-administration.

In case of Emergency please call:

\_\_\_\_\_ Name                      \_\_\_\_\_ relationship                      \_\_\_\_\_ contact phone

**Release of liability for self carry and self-administration of inhalers and Epi-pens®:**

In granting this permission for my child to carry and self-administer his/her prescribed inhaler and/or epi-pen, I hereby release Purchase College and its Trustees, officers, employees and students from any and all claims and damages which may arise from the administration or lack of administration of such medication.

- 3. I hereby certify that the above named child is covered by health and accident insurance or Medicaid and understand that all medical costs are my financial responsibility and agree to pay for all charges associated with procuring or providing medical care to the above named child.

Policy number \_\_\_\_\_ Coverage Provider \_\_\_\_\_

I, the parent/legal guardian of the above named child have read, understood and agree to all terms stated above.

\_\_\_\_\_ Signature                      \_\_\_\_\_ printed name                      \_\_\_\_\_ date

**Important:** Please mail to: Youth and Precollege Programs in the Arts, Liberal Studies and Continuing Education, 735 Anderson Hill Road, Purchase, NY 10577 or Fax: 914-251-6515 no later than six weeks prior to the start of the program.