

PERMISSION TO ADMINISTER MEDICATIONS/HEALTH DEVICES

University of South Carolina

A separate form must be completed for each medication or device.

Program: Carolina Journalism Institute

Dates: June 8-12, 2011

In consideration of my child's participation in the described program, I hereby provide this Consent and Declaration of Prescription Medications, Over-the-counter Drugs and Health or Monitoring Devices, according to the terms and conditions described below.

Participant: _____ Date of birth: _____

Medication: _____

Dosage instructions: _____

Medical/Health Monitoring Device: _____

Potential side effects (if any): _____

Other information: _____

Physician Information:

Name of Prescribing Physician _____

Telephone Number (_____) _____ Emergency Telephone Contact (_____) _____

Address _____ City _____ State _____ Zip _____

If no medications/devices are prescribed: I declare that my child/participant will not be in possession of any prescription medication, over-the-counter drugs, nor health or medical monitoring devices, including birth control prescriptions, emergency inhalers (such as for asthma) and emergency injectors for anaphylaxis (such as EpiPen).
Parent/Guardian Initials: _____

Further, I acknowledge and agree to the stated TERMS AND CONDITIONS:

- Prescription medications, over-the-counter drugs, and medical or health monitoring devices for Participants under the age of 18 must be delivered to the designated CJI staff at Check-in, together with the additional information described herein with a completed and valid Consent and Declaration. Specifically excluded from the delivery requirement are birth control prescriptions, emergency inhalers (such as for asthma) and emergency injectors for anaphylaxis (EpiPen); a Consent and Declaration for such items is required, although delivery to a staff member is not;
- Any other exceptions shall be only as authorized in writing by the USC Director of Carolina Journalism Institute;
- Participants will be solely responsible for self-administering their own prescription medications, over-the-counter drugs, and medical or health monitoring devices in accordance with the written dosage and instructions provided by the Participant's Parent/Guardian;
- No CJI staff will administer medications, over-the-counter drugs, or medical or health monitoring devices to any Participant, except as specifically permitted by University policy and in accordance with state law;
- Upon check-out, the remaining supply of any Participant's medications, over-the-counter drugs and the health or medical devices will be delivered to the Participant or the Participant's Parent/Guardian;
- All medication authorized to be accessed by the Participant must be maintained in a container appropriately labeled by a licensed pharmacist/pharmacy with the Participant's name, medication, dosage, and directions for use;
- All over-the-counter medication must be furnished in its original manufacturer's packaging;
- The dosing directions are the sole responsibility of the Parent/Guardian and no University staff assumes any responsibility for the accuracy or legibility of the information;
- The Parent/Guardian accepts full and sole responsibility for the consumption and use of any medications and/or devices by their child/Participant;
- The University shall not be responsible for loss or damage to medications and/or devices, nor shall the University provide replacement medications or devices in the event of loss or damage;
- It is the responsibility of the Participant to inform a staff member of any difficulty complying with his/her medication or device usage, dosing and/or monitoring schedule, as indicated on this form;
- This form shall expire at Check-out or the ending date of the Program, whichever occurs earlier;
- That, as the Parent/Legal Guardian, I agree and shall indemnify and hold harmless the University, its employees, agents, assigns, officers, members, and affiliated entities, from and any claim, demand, judgment, law suit, action or causes of action, including DEATH, paralysis, illness, condition, arising out of or in any way related to this Consent and Declaration, the Participant's use or nonuse of medications or device, including acts of omission;
- The University does not accept responsibility nor liability for providing prescriptions, medications, or other health care;
- That this form and information will be shared with other persons who have a legitimate need for knowledge of the information;
- That the original of this Form will be maintained on file by the CJI office and duplicates of this form shall be as effective as the original.

I declare that the above information is accurate and complete, and I certify that I am the parent/legal guardian with the authority to provide this Consent and Declaration for the Participant.

Signature Parent/Guardian _____ Date _____ Full Name Parent/Guardian _____

I acknowledge that I have read the above: Participant Signature _____ Date _____