

University of Toledo
Youth Program/Camp Medical Information and Release Form
Self-Administration of Prescription Medication Form
Authorization, Waiver and Consent for Over-the-Counter Medication Form

(Enter N/A in fields that are not applicable)

PROGRAM/CAMP INFORMATION

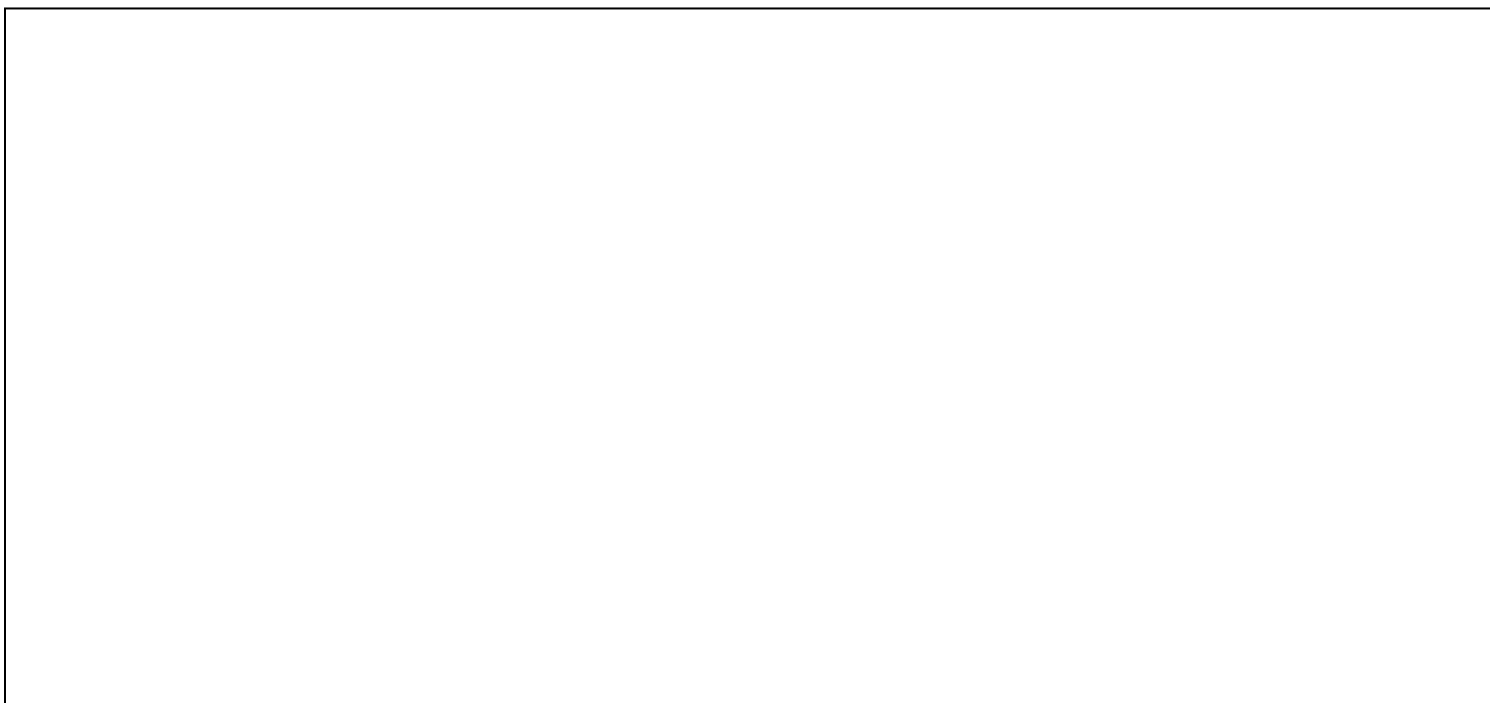
Program/Camp Name: _____ (hereafter "Program")

Date(s): _____ Time(s): _____

Location: _____

As a student, parent or guardian I understand that the information requested on this form is intended to help inform program staff of any preexisting medical conditions. If Participant has a pre

Company Name Address



PART 5: PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER-THE- COUNTER MEDICATION (please complete if applicable)

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant