

**PART ONE:
CONSENT FOR MEDICATION ADMINISTRATION
and MEDICAL TREATMENT**

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the Upham Woods Outdoor Learning Center, it is UW-Extension policy to secure your consent for medication distribution and for the use of medical devices. All medications will be collected, and administered by the visiting group's Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

_____ No medication has been brought to camp.

_____ I want the medication or medical device administered by the group's Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits (epi-pens), inhalers)

Name of Medication (s)		Prescribing Doctor	*****	Doctor's Phone #
Amount to be taken	How is it taken?		When to be administered	
Day(s) to be taken	Special Instructions			

- If your son, daughter, or ward will be under the age of 18 years while at Upham Woods, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the UW-Extension, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

Participant Name (Please Print)

Signature of Parent or Guardian

Date

