Program/Camp Name:					(here	"Prog	gram")
Date(s):						`	
Pa pant Name:					(here	"Pa	pant")
Parent/Legal Guardian Nam							
This form must be complete administra on form must be e there is a change in do authoriza on and signature.	e completed for each P sage or e of adminis	Program a end stra on of a m		pant, for each m	ned on,	and ead	
No, my child	does not need to take	any prescrip	on med on w	hile at the Progr	am.		
All prescrip on med ons or epilepsy may be brought	horiza on to do so at on the second of the horization of the pharmaci	s for cond on the cond on camp by a licel ist or prescribe	s such as food, di that the par pa nsed health care er. Label must inc	rug or insect alle int can self-mana provider. Prescri clude the name, a	age care a p on mec address ar	nd delive on r nd phone	ery of must
I authorize and recommend instructed in the proper self and hold harmless the Progr Leaders, and all other o ce self-administra on of prescr par pant named above, in	administra on of the ram Sta , Wilkes Univers, directors, employee	prescribed me ersity, its Board es and agents a We have legal	d of Trustees, Adi against any claim authority to cons	er a nding phy ministra on, Fac s that may arise	ysician. I sh ulty, Sta rela ng to reatment f	nall inde Student my chil	mnify t

Parent/Guardian Name\_\_\_\_\_\_ Parent/Guar