

Release of Medical Liability

We hereby authorize and consent to the non-emergency administration of prescribed medication to our child, _____ by the staff of Hiram House Camp. This consent is in addition to any consent we may have given in the Emergency Medical Authorization Form.

Please regard our signatures below as our assurance that we release The Hiram House and any and all of its officers and employees from any and all liability for injury or damages which might or could be a consequence of or failing to administer such prescribed medication to our child. The officers or employees cannot be responsible for any adverse reactions to the medication or its effectiveness.

Further, we agree to indemnify and hold harmless The Hiram House and any and all of its officers and employees from any and all claims for injury or damage, loss of bodily injury, illness or death which might or could be a consequence of or failure to administer such medication and against loss from any and all further claims, demands and actions at law or in equity that may hereafter at any time be made or brought by our child or anyone on our child's behalf for the purpose of enforcing a future claim for damages on account of any injury sustained in consequence of or failure to administer such medication.

Medication must be brought in the container in which it was dispensed to the camp by the child's parent, guardian, or other person in charge of the child.

Parent/Guardian Signature

Date