

## *Waiver for Dispensing of Medication*

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

I/we give permission for the above-named student to be dispensed medication at camp for which an appropriate

**Authorization to Give Medication at Camp** form has been provided. I/we understand that Colorado Academy does not have medical personnel on staff to assist in the administration of medication and that medication will be dispensed by the camp office staff. I/we understand that Colorado Academy will not and cannot assess the need for, or any risks associated with, the administration of any medication. I/we understand that Colorado Academy does not provide any guarantee of medical confidentiality. I/we understand that Colorado Academy will not be responsible for the student actually swallowing the medication dispensed, for the student running out of medication, or for any adverse reactions to medication. I/we understand that the administration of any medication involves a risk of injury which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Notwithstanding this knowledge, I/we hereby release Colorado Academy and each of its employees, agents and representatives from all liabilities, claims and demands for injury or loss, which I/we and/or the above student may now or in the future have, resulting from the dispensing and/or administration of medication at camp or any disclosure relating to medication administered. This release does not include claims for the school's gross negligence.