

## CARNEGIE MUSEUMS OF PITTSBURGH POLICY AND CONSENT FOR SELF-ADMINISTRATION OF MEDICATION

You have requested that a prescription or over-the-counter (OTC) medication be taken at Carnegie Museums of Pittsburgh Summer Camps. If medication can be given at home, before or after your child's participation in the camp, please do so.

**All medication taken at Carnegie Museum's Summer Camps must have parental consent for administration and must be self-administered by the camper (or administered by, or with the assistance of, the camper's parent or other adult designated by the parent). Any camper in possession of or taking medications not previously approved by a parent/guardian and camp staff will need to be immediately sent home from Summer Camps until such time as necessary approvals have been provided.**

Summer Camp staff are not permitted to administer any medications to campers. In the event of an emergency, 911 will be called. In the event of an emergency requiring the administration of a camper's personal Epinephrine Auto Injector, the Epinephrine Auto Injector will be administered to that camper in accordance with the Carnegie Museums of Pittsburgh Epinephrine Auto Injector Policy provided that the camper's parent/guardian has signed that Policy.

**Please Note: Carnegie Museums does not provide Epinephrine Auto Injectors at its camps. They must be supplied, as needed, with each camper in accordance with Carnegie Museum's Epinephrine Auto Injector Policy.**

- The parent/legal guardian must identify below the medication(s) his/her child (or the parent or other adult designated by the parent) will be administering.** Prescription medication(s) MUST be labeled by a physician or pharmacist and include the child's name. Over-the-counter medication(s) MUST be in the original container and labeled with the child's name.

**Name of 1st Medication:** \_\_\_\_\_

Date of Prescription: \_\_\_\_\_ Discontinue Date: \_\_\_\_\_

**Name of 2nd Medication:** \_\_\_\_\_

Date of Prescription: \_\_\_\_\_ Discontinue Date: \_\_\_\_\_

Reason for medication(s): \_\_\_\_\_

Reason that necessitates the medication(s) be given during camp hours: \_\_\_\_\_

\_\_\_\_\_

Daily? \_\_\_\_\_ Yes \_\_\_\_\_ No PRN (as needed): \_\_\_\_\_ Emergency: \_\_\_\_\_

Route of administration: \_\_\_\_\_

Intended effect of each medication(s): \_\_\_\_\_

Side effects(from each medication(s)) student should be observed for: \_\_\_\_\_

\_\_\_\_\_

Directions for self-administration: \_\_\_\_\_

*(please continue on the next page)*

2. The camper must be capable of identifying when the medication(s) is required and know how to use the medication(s) appropriately. Campers will be responsible for holding and administering their medication(s) completely on their own or with the assistance of a parent or other adult designated by the parent for this purpose (i.e. our staff cannot give reminders or administer the medication(s)). If the camper is not old enough or unable to hold/administer their medication(s), the parent or other adult designated by the parent, must visit camp to administer the medication(s). Please check applicable box below.

My child will self-administer the medication(s) during camp.

Parent/legal guardian will administer the medication(s) during camp.

I designate the following individual, who is 18 years of age or older, to administer the medication(s) to my child during camp:

Name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

3. The camper must not under any circumstances share his/her medication(s) or involve another camper in the self-administration of that medication(s).
4. The camper must use the medication(s) only as prescribed.
5. The camper must notify a Summer Camp staff member if and when the medication(s) is self-administered.
6. The parent/legal guardian agrees to accept full liability for injuries related to inappropriate use of the medication(s) by the camper.
7. The parent/legal guardian agrees to notify Carnegie Museums Summer Camps immediately of any medication changes.

**Parental Waiver of Liability**

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in my absence, I hereby authorize my child to administer the above described medication(s) to him/herself or for the medication(s) to be administered by the adult I have designated above. I also authorize Carnegie Museums personnel to administer medication in the event of an emergency as set forth above. On my behalf and on behalf of my child, I hereby forever and fully release Carnegie Institute and its employees, volunteers and staff from any and all claims for any injuries or other types of harm arising out of or relating to the administration of said medication(s) to my child while attending Carnegie Museums of Art and Natural History Summer Camp. In addition, I agree to hold harmless and indemnify Carnegie Institute and its employees, volunteers and staff, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication(s).

**I agree to the conditions and waiver of liability above:**

\_\_\_\_\_  
 PRINTED NAME OF CAMPER Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 PRINTED NAME OF PARENT/LEGAL GUARDIAN

Emergency Phone: (        ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_