



**CALVERT COUNTY
DEPARTMENT OF PARKS AND RECREATION
NATURAL RESOURCES DIVISION**

175 Main Street
Prince Frederick, Maryland 20678
410-535-5327
www.calvertcountymd.gov

Shannon Nazzari, Director
Karyn Molines, Division Chief

Board of Commissioners
Mark C. Cox Sr.
Catherine M. Grasso
Earl F. Hance
Mike Hart
Todd Ireland

Please complete at least 2 weeks before the start of camp and email to: CypressSwamp@calvertcountymd.gov

MEDICATION RELEASE WAIVER

Child's name: _____

Camp session name: _____

Does the child require prescription medication during summer camp hours?

Yes: _____ No: _____

If YES, parent or guardian complete the following:

I, _____, the parent/guardian of _____
(Print parent name) (Print campers name)

hereby request that identified members of the camp staff be caretakers of medication and administrators of prescribed medication for the camper named above and as prescribed by my physician.

Physician's Name Physician's Phone Number

I understand that members of the camp staff will be instructed to take any medication from the camper upon arrival at the camp and secure it in a safe location.

I understand that at a prescribed time, a staff member will retrieve the medication and hand it to the camper in the container. The staff member will then watch the camper take the medication.

I understand the Authorization for Medication Form must be fill out completely and signed by the camper's doctor before the start of camp.

I also understand the staff who administers this medication are medically untrained. I hereby state, without reservation that I will not hold the Calvert County Natural Resources Division, or any of their employees and volunteers liable for any harm or injury which may be incurred by the camper in connection with this medical assistance, or damage/loss of medical equipment.

Signature of Parent/Guardian Date

OFFICIAL USE ONLY: DATE RECEIVED: _____ STAFF INITIALS: _____

CAMP/S _____