



Shannon Nazzal, Director  
Karyn Molines, Division Chief

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

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*Board of Commissioners*

Earl F. Hance  
Mike Hart  
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**MEDICATION RELEASE WAIVER**

Child's Name: \_\_\_\_\_

**Does the child require any medication including over-the-counter drugs 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 medication for the camper named above and as directed 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 \_\_\_\_\_ LOCATION \_\_\_\_\_  
CAMP \_\_\_\_\_ LOCATION \_\_\_\_\_  
CAMP \_\_\_\_\_ LOCATION \_\_\_\_\_