



## 2026 Release of Liability for Medication Administration

A Registered Nurse may be present at Camp TRailblazer or Camp TRailseeker. If a Registered Nurse is present, that individual may administer medication. Any medication brought to camp that you want a nurse to assist with must be in their appropriate pharmacy provided bottle, non-expired. Label must be legible and include the camper's name, medication name, dose, frequency, and route. Please complete the chart on page two with all the medications your camper will be bringing to camp, so our nurse is aware. The nurse on staff will keep inventory count and documentation of all medications administered.

### IF A NURSE IS NOT PRESENT:

If the nurse is not present on campus, the camper must be independent with taking their own prescription medications as needed or a parent must come and administer medications. Parents will be notified prior to 7:30 a.m. on a camp day if the nurse will not be present at camp. If the camper is taking medications independently, or a parent is administering them, the following policy will be followed:

I desire those individuals acting on behalf or at the direction of the City of Auburn, Alabama ("City") keep the medication listed below and observe my child's self-administration of that medication as a convenience to my child and me. I understand that emergency medications may be administered to my child only if the child is incapable of self-administering the medication. I understand that taking medication is potentially hazardous to my child. Hazards may include allergic reaction, illness, injury, or death. I understand that those individuals who keep the medication and observe my child's self-administration of the medication, or in the case of emergency medications, administer medications to my child when my child is incapable of administering the medications themselves, may not be medically trained and may not be able to identify possible negative reactions or to determine whether the medication has been properly administered despite their best efforts. I assume any and all risks associated with the administration of medication by or to my child, including but not limited to, injury to my child, overdose, loss or waste of the medication, or improper self-administration. Knowing the risks, and in consideration of the medication listed below being kept by individuals acting on behalf or at the direction of the City and their actions as outlined in the City's policies and as requested and authorized herein, I for myself, my child, and our personal representatives, heirs and

assigns, do hereby hold harmless, release and covenant not to sue the City, its officials, employees, agents, representatives, and contractors regarding any and all claims or liabilities related to the death of or injury to the person or property of my child of any kind or nature arising from, or in any way connected with, my child's self-administration of medication as requested herein. This Release shall be effective even though the claim or liability may arise out of the conduct of the City, its officials, employees, agents, representatives, or contractors, whether foreseen or unforeseen, known, or unknown.

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I hereby agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama. I understand and agree that, if any part of this Release is found to be invalid or unenforceable, the remainder of its provisions continue in full force and effect.

I further acknowledge that I have carefully read the foregoing Release and know the contents of this Release.

Parent/Guardian Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

My relationship to Child: \_\_\_\_\_

Medication(s) I wish to have administered (with frequency and dosage):

Name of Medication:	Dosage:	Method:	Time of Day Taken:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_