



Refusal to Provide Medication Form

Please Note: This form should only be completed if your child has a medical condition for which you are refusing to provide medication or allow appropriate staff training, as it pertains to your child's condition.

****THIS FORM IS DUE 30 DAYS PRIOR TO THE START OF YOUR CHILD'S PROGRAM****

Regarding: _____ Date of Birth: _____
(Child's Name)

I understand that Science Discovery has offered to provide trained staff who have been delegated a nurse's license for the purpose of administering medication and/or medical care to my child. I have carefully considered this offer, and I am refusing this service. I also understand that if I sign this form, the staff will not receive the delegation nor training from the nurse and will not be able to administer the medication.

When I enrolled my child for CU Science Discovery's program, I informed you that my child has the following medical condition _____ requiring the following medication _____. However, at this time:

_____ I do not wish to supply you with any medication for the above-mentioned condition for the duration of my child's camp.

_____ I failed to bring the required medication today. I will be bringing it tomorrow.

_____ The medication(s) that I brought to camp is/are expired. I will obtain unexpired medication and bring it to camp as soon as possible.

I take full responsibility for any reactions or problems related to my child's condition(s) while he/she is in the care of CU Science Discovery. I acknowledge that I have been informed that in an emergency situation, as determined by CU Science Discovery, 911 will be called to provide care for my child. I also understand that if 911 is called, I am financially responsible for any and all expenses incurred.

Parent/Guardian Signature:	Date:
Parent/Guardian Printed Name:	