

PACE Medication Release



***IMPORTANT REMINDERS!:**

- ❑ **DO NOT MAIL THIS FORM IN WITH YOUR APPLICATION.**
- ❑ **PLEASE BRING THIS COMPLETED FORM ON THE FIRST DAY OF CAMP.**

Participant Name: _____ Received By: _____

All doses must be completely and clearly filled out for both prescription and non-prescription medication. ALL medications will be dispensed by you unless otherwise arranged with the nurse. Please fill in cardiac medications first followed by other prescription medications and non-prescription medications.

I request that Camp Del Corazon see that medication is provided as I have indicated above under the following condition:

| Medication | Dosage | Time given | Special Instructions |
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1. Camp Del Corazon will reasonably endeavor to carry out my request but does not and cannot insure or guarantee that it can or will.
2. Camp Del Corazon is relying on my judgment in permitting participant to attend Camp Del Corazon in view of the health problems, which necessitates this medication. However, Camp Del Corazon reserves the right not to accept my child because of this health problem pursuant to section DN212.1 of the California Administration code.
3. I represent to Camp Del Corazon that this is a valid prescription(s) issued to me.
4. I agree to hold Camp Del Corazon its directors, officers, agents, volunteers harmless from any loss, cost or expense arising in any manner from my request.
5. I understand that I must complete a new request each time that I am asked to do so.
6. I HAVE PROVIDED **A 2-DAY EXTRA** SUPPLY OF MEDICATIONS.

Signature: _____ Date: _____
 Participant

Parent Signature: _____ Date: _____
 (Only if participant is under the age of 18)

Additional Medications: Please record any additional medications on a separate sheet and attach it to this one.

All doses must be completely and clearly filled out for both prescription and non-prescription medication. Please fill in cardiac medications first followed by other prescription medications and non-prescription medications. Please provide additional medications on a separate sheet of paper as needed.