

**UW-Extension Trempealeau County**

**PART ONE:  
 CONSENT FOR MEDICATION ADMINISTRATION  
 and MEDICAL TREATMENT**

**TO THE PARENT(S) OR LEGAL GUARDIAN:**

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-Trempealeau County 4-H sponsored trip, it is policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Club Supervisor.

All medications must be in a medicine bottle and labeled with the club member's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

\_\_\_\_\_ No medication has been brought to camp.

\_\_\_\_\_ I want the medication or medical devices self-administered. (Age 14 and above only.)

\_\_\_\_\_ I want the medication or medical device administered by the Club Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

_____	_____	_____
Name of Medication(s)	Prescribing Doctor	Doctor's Phone #
_____	_____	_____
Amount to be taken	How is it taken?	When to be administered
_____	_____	
Day(s) to be taken	Special Instructions	

- If your son, daughter, or ward will be under the age of 18 years while on our trip, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Trempealeau County, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the event.

\_\_\_\_\_  
 Participant Name (Please Print)

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

