

UNC-Chapel Hill Field Hockey Camp Medication Form – Release of Liability

I request that my child/ward be allowed to maintain possession of their medication (prescription or over-the-counter) in their dorm room while at UNC-Chapel Hill Field Hockey Camp. My child/ward is capable of managing and taking their own medication as prescribed without assistance from the camp staff. I accept the responsibility to ensure that the medication is stored in a safe and secure manner while in the possession of my child/ward during camp. My child/ward understands that this medication is for their use alone and not to be shared with any other members of the camp.

I understand that by allowing my child/ward to keep their medication in their dorm room that I relieve UNC-Chapel Hill, dorm staff, the UNC-Chapel Hill Field Hockey Camp, and all staff members associated with these organizations of all responsibility and liability with regards to the misuse, abuse, or theft of this medication while in attendance of the UNC-Chapel Hill Field Hockey Camp.

Name of Camper: _____

Medication(s): _____

Name of Parent / Guardian (Print): _____

Signature of Parent / Guardian: _____

Date _____