



Science Discovery
UNIVERSITY OF COLORADO BOULDER

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 20 BUSINESS DAYS PRIOR TO THE START OF YOUR CHILD'S CAMP

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. My child will be in charge of their own medication during the camp. 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.

Form with fields for Parent/Guardian Signature, Date, and Parent/Guardian Printed Name.