



Science Discovery
UNIVERSITY OF COLORADO BOULDER

Refusal to Provide Medication Form

Please Note: This form should only be completed if your child has a chronic medical condition for which you are refusing to provide medication (such as an extreme allergy or asthma).
THIS FORM IS DUE 20 BUSINESS DAYS PRIOR TO THE START OF YOUR CHILD'S CAMP

From: _____
(Parent/Guardian Name)

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

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 at my earliest convenience.

If your child has a serious medical condition (eg. Diabetes, adrenal insufficiency, seizure disorder, etc.), a health care plan and unexpired medication(s) MUST be provided. No exceptions will be made for these conditions.

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 if any emergency situation occurs, 911 will be called to provide care for my child. I also understand that if 911 is called, I am financially responsible for any expenses incurred.

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

Any changes to this form must be signed with time and date noted. If a parent chooses to eliminate an allergy previously listed on a camper's registration form, he/she must request to do so in writing.