



Appendix B:

Cleveland State University Youth Program/Camp Parent/Guardian Authorization,
Waiver and Consent for Over-the-Counter Medication Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: _____ (hereafter "Program")

Date(s) _____ Time(s): _____ Location: _____

employees and agents against any claims that may arise relating to my/our child's self administration of prescribed medication(s). I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced Program.

Parent/Guardian Name _____