



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 \_\_\_\_\_