



Montgomery Sports Association
Potomac, MD 20854
(301) 983 2227

AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION Release and Indemnification Agreement

AGREEMENT TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery Sports association (MSA) personnel to administer prescribed medication as directed by physician/pharmacist. I agree to release, indemnify, and hold harmless MSA and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this camper, provided MSA staff are following the physician's/pharmacist's order as written on the prescription.

Camper Name _____

DOB: ___/___/_____

Prescription Name: _____

Dosage: _____

Physician Name: _____

Physician Phone: _____

Time of Next Dosage: _____

Parent/Guardian Name : _____

Parent/Guardian Signature: _____

Date: _____

Phone: _____