

NOTE: This is an example form. You must modify it to reflect your specific program and activities. The legal language has been approved by General Counsel and should not be altered.

**CONSENT AND DECLARATION OF PRESCRIPTION MEDICATIONS,
OVER-THE-COUNTER DRUGS, AND HEALTH
OR MEDICAL MONITORING DEVICES FORM**

This form acknowledges a health status of a minor and must be completed for **all** participants participating in a University of South Carolina program for persons under the age of 18.

PARTICIPANT: _____ **DATE OF BIRTH:** _____

Program: _____ **Dates:** _____ - _____

For my child to participate in the described Program, I hereby give consent to receive or give permission for my child to be in possession of the following Prescription Medications, over-the-counter drugs, or health or medical monitoring devices.

_____	_____
Name of Participant's Personal Physician	Telephone number
Address	City State Zip

COMPLETE ONE OF THE FOLLOWING OPTIONS

OPTION A:

No medications/devices are approved: I declare that my child/Participant will not be in possession of any prescription medication, over-the-counter-drugs, nor health or medical monitoring devices, including birth control prescriptions, emergency inhalers (such as for asthma), and emergency injectors for anaphylaxis (such as EpiPen).

Parent/Legal Guardian Initials: _____

OR

OPTION B:

For my child to participate in the described Program, I hereby give consent to receive or give permission for my child to be in possession of the following Prescription Medications, over-the-counter drugs, or health or medical monitoring devices.

Note: A form must be completed for each medication or device. Make additional copies as needed.

Medication: _____

If different from Primary Personal Physician, Prescribing Physician (*name, address and phone #*)

Dosage Instructions: _____

Medical/Health Monitoring Device: _____

Potential side effects: _____

Other information: _____

Parent/Guardian Name _____ Date _____

Signature _____ Emergency Contact Number _____

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