

Colorado Lions Camp
PO Box 9043
Woodland Park, CO 80866
719-687-2087
719-687-7435 - FAX

RELEASE OF LIABILITY FOR THE ADMINISTRATION OF PRE-POURED MEDICATIONS

I, _____, hereby determine that I have pre-poured, according to the physician's orders, the medication for _____, and give permission for the nurse at the Colorado Lions Camp, _____, to dispense these medications without liability. I relieve the Colorado Lions Camp from any liability which might arise from the pre-dispensing of medication(s) due to the acceptance of this medication(s).

Signature – Individual – Pre-Poured Medication

Date

Signature – Individual – Checking-In Camper

Date

Signature – Colorado Lions Camp Nurse

Date

Signature – Witness – Colorado Lions Camp Staff

Date