

Lazy B's Ranch  
P.O. Box 31  
Clark Lake, MI 49234  
517-474-1480

### **MEDICATION FORM**

Name: \_\_\_\_\_

#### **Medication Information**

All medications must be in original container with the name of the physician, child and medication directions on the label. Please send only the medication your child will need when he/she is here at the ranch.

**Staff is NOT authorized to administer medication.** Staff may remind individuals and distribute the medication container to the child for self-administration. Staff will supervise all medication self-administration.

**Please enter dosage as strength (i.e. – 500 mg) instead of amount (i.e. – 1 tablet). Specify the exact time. Do not use “take 2 a day” or “AM PM”. See example below.**

| Medication  | Dosage                              | Time to Administer<br>(HH:MM am/pm)                         | Special Instructions  |
|---|-------------------------------------|---|---|
| <b>EXAMPLE #1</b><br>Saturday:<br>Adderall<br><br>Risperdal | 10 mg at<br>10 mg at<br><br>.5mg at | Signature of Witness:<br><br>1:00pm<br>5:00pm<br><br>1:00pm | Needs to have<br>crackers or eat a meal<br>prior to taking<br>Adderall. |
| <b>EXAMPLE #2</b><br>Sunday:<br>Adderall<br>Risperdal       | 10mg at<br>.5mg at                  | Signature of Witness:<br><br>9:00am<br>9:00am               | Needs to have<br>crackers or eat a meal<br>prior to taking<br>Adderall. |
|   |                                     | Signature of Witness:                                       |   |
|   |                                     | Signature of Witness:                                       |   |

I give Lazy B Ranch staff permission to remind individuals and distribute the medication container to \_\_\_\_\_ for self-administration. Medications must be in the original container, labeled with the physician's name, camper name, name of medication, dosage, and time(s) to administer, as well as any other instructions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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### **Waiver Allowing Individual to Carry Epi-pen or Asthma Inhaler**

If an individual requires immediate access to an Epi-pen or asthma inhaler the waiver below must be completed and signed by a parent/guardian.

This will allow the participant to carry the device.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I \_\_\_\_\_ hereby request that \_\_\_\_\_ be allowed to keep the appropriate prescribed device on (child) his/her person while participating in all Lazy B's Ranch activities.

The prescribed device is (Check all that apply)

☐ Epi-Pen    ☐ Asthma Inhaler

I understand that to qualify for this exemption, this child must be capable of safely storing the Epi-pen or asthma inhaler on his/her person and using the device appropriately.

### **MEDICATION / RELEASE AUTHORIZATION**

Waiver of liability: On behalf of the child named above, his/her parents, guardians and heirs, I do hereby agree to assume the full risk of any injuries, including death, damages or loss which may be sustained by the child named above as a result of the use or possession of any medication while participating in the Lazy B Ranch Program and to release, hold harmless, indemnify and covenant not to sue the Lazy B Ranch staff and volunteers for injuries, including death, damages or loss which may be sustained by the child named above as a result of the use or possession of any medication while participating in the Lazy B Ranch Program. I warrant that I am authorized to make the release and waiver indicated herein.

\_\_\_\_\_  
Signature or Parent/Guardian

\_\_\_\_\_  
Date