

**BHSU DAKOTA DREAMS SUMMER CAMP: JUNE 26-31**  
**PARENT/GUARDIAN SELF-ADMINISTRATION OF MEDICATION, RELEASE & WAIVER**  
**FORM**

By my signature below, as parent(s) or guardian(s) of the Student Participant ("Participant"), and on behalf of the Participant and the Participant's heirs, next of kin, successors in interest, assigns, personal representatives, and agents, and as consideration for Participant's ability to engage in the following Activity entitled, \_BHSU Dakota Dreams Summer Camp\_, hosted by \_BHSU\_, and held at \_BHSU, WDT, SD Mines, & Black Hills Region\_, on the property of Black Hills State University, I do hereby:

1. Authorize \_\_\_\_\_ to possess and self-administer the following  
(printed name of Participant)  
prescription medication while on BHSU property or at the Activity;

I, _____, confirm by signing below that _____ (printed physician's name) (student's name)	
has asthma or anaphylaxis, or both, and is capable of self-administering the medication I prescribed below:	
Name of Medication _____	Purpose for Medication _____
Form of Medication (e.g., tablet, liquid, inhaler, nebulizer, injection) _____	Prescribed Dosage _____
Instructions (schedule, storage, and emergency instructions): _____	
_____	
_____	
_____	
Period Prescribed: _____ to _____	
Physician/Licensed Health Care Provider's Signature _____	Date _____

2. Warrant the accuracy and completeness of the following information from Participant's physician (any preexisting physician statement may be attached to this Release to meet this requirement, so long as it remains accurate):
3. **Waive, release, and forever discharge any claim, cost, loss, damages, liability, or expense, including attorney's fees, by Participant or I against the State of South Dakota, South Dakota Board of Regents, BHSU, and their officers, employees, agents, and volunteers (hereinafter, "Releasees"), and indemnify and hold harmless Releasees from any cause of action arising from the Participant's possession or self-administration of prescription medication while on BHSU property or at the Activity, unless the liability is the result of Releasees' sole negligence or willful misconduct.**

*I have read this Self-Administration of Medication, Release & Waiver Form agreement. I fully understand its terms and understand that I and my minor child have given up substantial rights by signing it and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability and of substantial rights. Additionally, I, the undersigned parent and/or legal guardian, hereby assert that I have full authority to bind.*

**Parent/Guardian**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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