

If camper has a prescription medication that they will need during the camp, please print, and fill out the:

- **PARENT/GUARDIAN SELF-ADMINISTRATION OF MEDICATION, RELEASE & WAIVER FORM** below to bring on check-in day. This can be found here:

This includes the following:

- The Physician's signature.
- The original container of the prescription.
- The amount of prescription needed during the camp. (5 days and 4 nights).
- Prescription can be separated by day, morning, and night, but the original container. (empty or full) must accompany all prescription medications.

The two forms below: **Informed Consent, Voluntary Waiver, Release of Liability, and Assumption of Risks** and **Media Release Consent Form** have been agreed to through the application process in this DocuSign.

Please note that these documents are in addition to all documents agreed upon and signed through the application process through:  
<https://ourdakotadreams.com/elementary-middle-school/career-exploration-summer-camps/>

**Parents and/or Guardians (Required if Participant is Under 18 Years of Age):**

*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.*

Camper Name (Printed): \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian**

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

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