



Consent for Medication Administration

(Completed by parent if student needs medication during travel)

- Please complete a separate form for each medication.
- Medication must be administered at home prior to travel to monitor for adverse reactions.
- All prescription medications must be in the original container issued by the pharmacist with the most recent prescription label.
- If the information on the authorization form does not match the prescription label, the medication will not be accepted nor administered.
- Herbal/alternative medicinal products will not be administered.
- Medications will not be administered without this completed form including all required signatures.

Student: Full Legal Name: _____ Date of Birth: _____

Trip Attending: _____ Gender: _____

Address: _____

Parent/Legal Guardian: _____

Email: _____ Phone: _____

2nd Contact & Relationship: _____

2nd Contact Email: _____ 2nd Phone: _____

Healthcare Provider: _____ Phone: _____

Medication Plan: Staff administers during travel Student self-administers



Hammock Expeditions, LLC
51 Hillcrest Way
Bluffton, SC 29909 USA
P: 984.223.9866
www.HammockExpeditions.com
www.STEMStudyTours.com



THIS SECTION MUST BE FILLED OUT BY A LICENSED HEALTH CARE PROVIDER ONLY – PLEASE PRINT		
Student's Legal Name:	Date of Birth:	List Allergies:
Name of Medication:		Purpose of Medication:
Prescribed Dose:		For Liquid Medication Only: Concentration = ____ mg/____ ml Dose = ____ ml
Prescribed Time of Day:	Prescribed Route:	Special Instructions:
Date to Start Medication:		Date to Stop Medication:
List Possible Side Effects:		
Permission for student to carry & self-administer inhaler: (Yes, No, N/A)		Permission for student to carry & self-administer Epi-pen: (Yes, No, N/A)
If Epi-pen is ordered for this student, please indicate the student's sever allergy/action plan:		
Licensed Health Care Provider Name:		Phone:
Licensed Health Care Provider Signature:		Date:

PARENTS/LEGAL GUARDIANS PLEASE READ CAREFULLY:

By signing below I understand and agree to the following:

- I understand that all prescribed medications must be in the original container issued by the pharmacist with the most recent prescription label.
- I give permission for Hammock Expeditions to share this information with the individuals who have responsibility for my child.
- The first dose of any new medication will be given at home to be monitored for adverse reactions.
- I give Hammock Expeditions my permission to contact the above-named Licensed Health Care Provider and prescribing pharmacy in relation to this prescription medication.
- I give my permission for Hammock Expeditions Staff to administer this medication to my child during travel with Hammock Expeditions.
- I agree it is the student's responsibility to deliver the medications and all necessary forms to the trip leader upon arrival for the trip. I also agree to email a copy of this form prior to trip departure.
- I agree that any remaining medication post-travel will be sent home with the student.

Parent/Legal Guardian's Signature: _____ Date: _____

Parent/Legal Guardian's Name: _____ Contact Phone Number: _____

Notary Name: _____ Date: _____ State: _____

Notary Number: _____ Notary Expiration Date: _____



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MEDICATION ADMINISTRATION, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

This is an important legal Agreement between the undersigned parents/guardians (each, or collectively, "Parents"), their child ("Student"), and Hammock Expeditions LLC with an office at 51 Hillcrest Way Bluffton, South Carolina, 29909 ("Hammock Expeditions"). In consideration of Hammock Expeditions LLC providing a travel experience and accommodating Student's medication needs, Students and Parents agree as follows.

1. Terms and Conditions

- 1.1. Parents have reviewed and agree to comply with Hammock Expeditions' LLC Medication Administration Policy and have disclosed all relevant medical details about Student necessary for Hammock Expeditions to provide a safe experience.
- 1.2. If Hammock Expeditions' lay staff determine that Student is having a medical emergency, requires epinephrine, an inhaler, or other emergency medicine, and cannot self-administer such medicine, then Parents' consent to Hammock Expeditions' lay staff administering the medicine to Student and contacting local emergency services.
- 1.3. In the event of an emergency, Parents authorize Hammock Expeditions to make medical decisions on Parents' and Student's behalf. Parents authorize Hammock Expeditions to have Student hospitalized or treated by third party medical providers, including those that do not accept Student's insurance. Parents authorize Hammock Expeditions, its staff, and outside medical providers to disclose to each other Student's personal health information, medical conditions, treatments, and prognosis. Parents authorize Hammock Expeditions to sign on behalf of Parents or Student any agreements, consents, or disclaimers required by medical providers to administer treatment.
- 1.4. Parents agree to reimburse Hammock Expeditions in full if Hammock Expeditions incurs any expenses for Student's medical treatment, including emergency and nonemergency treatment that takes place without Parents' advance knowledge. Parents acknowledge and agree that Student has in place, and that it is Parents' obligation to have in place for Student, all appropriate insurance coverage, including without limitation, medical insurance.

2. Assumption of Risk, Waiver of Liability, and Indemnification

- 2.1. Parents and Student acknowledge that Hammock Expeditions will not have medical staff on site; lay staff will supervise self-administration of medications, and may administer Student's epinephrine, inhaler, or other medication in an emergency. This entails certain inherent risks, which Parents and Student voluntarily assume. Neither Parents nor Student will hold Hammock Expeditions or its owners, directors, employees, independent contractors, vendors, volunteers, guests, officers, successors, assigns, affiliated parties liable if Student is injured or suffers a loss due to an inherent risk of travel with Hammock Expeditions.
- 2.2. Parents agree to abide by all documents required for registration which include Assumption of Risk, Release of Liability and Indemnification.

Acknowledgment/Signature

I, a parent/legal guardian of Student, have the legal authority to enter into this Agreement. I have read and understood the Agreement, agree to be bound by its terms and conditions, and have explained its terms and conditions to Student and any other Parent of Student who also agree(s) to be bound by them.

In witness whereof, the undersigned has/have caused this Agreement to be executed.

Parent/Legal Guardian's Signature: _____ Date: _____
Parent/Legal Guardian's Name: _____ Contact Phone Number: _____
Notary Name: _____ Date: _____ State: _____
Notary Number: _____ Notary Expiration Date: _____



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