

RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING MEDICATION

AN AGREEMENT BETWEEN THE CITY OF SANTEE AND THE PARENT/GUARDIAN OF A CHILD ENROLLED IN A CITY OF SANTEE RECREATION PROGRAM

MEDICATION DURING PROGRAM HOURS

This form must be completed by the physician and the parent/guardian and contain their signatures before any medication can be administered at City of Santee Recreation Program. If your physician would like your child to carry either an asthma inhaler or emergency medication (i.e. EpiPen), part III must be completed by the doctor, parent and child. ****THE PARENT OR ADULT REPRESENTATIVE MUST BRING ALL MEDICATIONS TO PROGRAM IN THE ORIGINAL CONTAINER.**

Name of Participant Participant's Address Birthdate Telephone Guardian

I. THIS SECTION TO BE COMPLETED BY PHYSICIAN

Name of Medication Reason for Medication (Diagnosis) Start Date Stop Date

Form of Medication: Tablet/capsule Liquid Inhaler Injection Other _____

Dosage (*Specify exact Instructions, Time of Administration Special Storage
Milligrams, if a tablet)

Restrictions and/or important side effects

Printed/typed name of physician Address Phone

******SIGNATURE OF PHYSICIAN:** _____ **DATE:** _____

II. THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for (name of child) _____ to receive the above medication during the recreational program according to standard program policy, I, or an adult representative whom I designate, will bring all medications to the Community Services Department of the City of Santee at: _____.

As a parent/guardian of a child enrolled in a recreation program offered by the City of Santee, I hereby agree to the following:

1. I agree to indemnify, defend, and hold the City of Santee and its representatives, agents, and employees harmless from any and all liability for the results of taking the medication or the manner in which the medication is given, and from any liability arising out of these arrangements.
2. I will notify the City of Santee immediately if there is a change in my child's medication.

3. I understand it is my responsibility to send the medication to the City of Santee Community Services Department program location in the original pharmacy container labeled with my child's name and the health care provider's instructions.

4. I understand that this authority provided by this form will automatically expire at the end of each Program.

5. I give my consent for City of Santee authorities to take appropriate action for the safety and welfare of my child.

Signature of Parent/Guardian: _____ Relationship: _____ Date: _____

III. PERMISSION TO CARRY ASTHMA INHALERS/EPIPENS (PART I AND II MUST BE COMPLETED)

TO BE COMPLETED BY THE PHYSICIAN: The above-named attendee has been instructed in the proper use of their asthma inhaler/emergency medication. The attendee's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication during this recreational program. He/she understands the purpose, appropriate method, and frequency of use of the asthma inhaler/emergency medication.

NAME OF MEDICATION: _____ PHYSICIAN'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN: I permit my child to carry the above-listed asthma inhaler/emergency medication as ordered by his/her physician.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY ATTENDEE: I have been instructed in the proper use of my medication and will take it as prescribed to me by my physician. PARTICIPANT'S SIGNATURE: _____ DATE: _____