

Medication Administration Permission Form

New Kent Parks and Recreation strongly encourages participants' self-responsibility for their personal health, including personal care and medications. We ask that whenever possible, participants take their medication before or after, rather than during programming. Authorized staff will only administer medications during **registered** programs that are **two hours or greater** in length or in emergency situations (i.e., Epi-pen, asthma inhaler) provided that the following form is completed:

Parent/Guardian must

1. Sign this Medication Administration Permission Form, complete the Medication Administration Log (reverse side of this form), and bring them to the first day of the program; all specific instructions for medication must be included.
2. Personally deliver all medication to the authorized staff in the original container. The container must include the pharmaceutical or over-the-counter manufacturer's instructions to include: person's name, medication, dosage, and time of day medication is to be administered.
3. Verify with authorized staff the amount of medication (i.e., 10 pills, half of 8 oz bottle) noted on the Medication Administration Log.
4. Only send the amount of medication needed for the duration of the current program registration, not to exceed two weeks of time.
5. If pill tablets must be divided in order to administer the correct dosage, please do so at home before bringing to the program.

PERMISSION TO ADMINISTER MEDICATION AND WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at a New Kent Parks and Recreation event, program or facility, except for claims arising out of the willful and wanton conduct of the New Kent Parks and Recreation (hereinafter, "County").

PERMISSION TO ADMINISTER MEDICATION: The County will not administer medication to a minor child or other participant unless this Permission and Waiver to Administer Medication has been fully completed and signed and initialed by a parent or guardian. I understand that it is my responsibility to ensure the medication is given directly to County staff in individual dosage containers, original prescription containers or envelopes clearly labeled with the following information: Participant's name, name of medication, and complete dosage instructions.

_____ Initials of parent/guardian

AUTO INJECTOR/INHALER & SELF ADMINISTRATION OF MEDICATION: As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector, inhaler, or other medication in a recreational setting.

_____ Initials of parent/guardian

EMERGENCY OR IMMEDIATE MEDICAL CARE: If after administering medication there is an adverse reaction, I understand that the County will secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the County, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the County.

I further agree to protect, indemnify, save, defend and hold harmless the County from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the County may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the County.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant Name (PLEASE PRINT): _____

Parent/Guardian Signature Date: _____

New Kent Parks and Recreation staff will not administer medication to a minor child or other participant until the Medication Administration Permission Form and Medication Administration Log have been fully completed.

Revised April 2017



MEDICATION AUTHORIZATION

I, _____, the parent or guardian of _____, request that the site coordinator / camp coordinator supervise my child administering medication to him/herself during site hours. I understand that site staff cannot administer medication to any program participant. I understand that medicine will only be administered from an official pharmacy container with the child's name, dosage, time, and physician listed on the container. Over the counter medicine must be in the original container, labeled by the parent with the child's name, dosage amount, and dosage time.

Please complete the following:

Condition / problem requiring medication: _____

Name of medication: _____

Time to be given: _____

Dosage Amount: _____

Physician's Name: _____ Phone: _____

Signature of Parent / Guardian: _____ Date: _____

Physician's Signature: _____ Date: _____

Additional Notes from Parent / Physician:

