

### Medication Authorization

This form must be completed if you/your child are to receive medication during a program. Our staff cannot administer medication without this information. Each medication must have a separate form completed.

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

Participant's name: \_\_\_\_\_ Program attending: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/hour: \_\_\_\_\_

Time Given/Instructions: \_\_\_\_\_

Prescribed by Dr.: \_\_\_\_\_ Phone \_\_\_\_\_

Reasons for medication and/or intended effects: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Other medication participant is receiving: \_\_\_\_\_

(This information will be used to alert medical personnel in an emergency as to what medication the participant has taken in the past 24 to 48 hours and to inform staff of possible or expected side effects or changes in behavior that may occur as a result of medication.)

**Asthma or allergy medication only e.g., Inhalers, Epipens**

- 1. Participant may carry medication on his/her person.    Yes    No
- 2. Participant may self-administer medication.            Yes    No

Directions for self-medication: \_\_\_\_\_

### PARENT AUTHORIZATION

Each day of the program, I will send the required medication in its original, child-proof container with the pharmacy label and dosage attached. This medication will be given directly to the program supervisor. This medication is to be administered by program staff. I authorize the City of Evanston Parks, Recreation and Community Services Department staff to administer medication to my child. I hereby indemnify and release the City of Evanston, their officers, agents, servants, and employees from any and all claims from injuries, including death, physical injury or illness, damages or loss, which I and/or my child may have following the administration of the medication ordered by the above-listed physician. Only if specifically directed by parent and agreed to by the City, a City staff member may administer the medication and said staff member will not be a nurse or doctor.

### LIABILITY WAIVER

As a participant (or as a parent of a participant under 18 years of age) in the City of Evanston Parks, Recreation and Community Services Department program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume as a result of the participating in any and all activities connected with or associated with the program(s).

I do hereby fully release and discharge the City of Evanston, their officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss, which I (as participant or parent) or my child may have account of my participating in the program(s). I further agree to indemnify and hold harmless and defend the City of Evanston, their officers, agents, servants, and employees from any and all claims resulting form injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s).

**I have fully read and understand the foregoing.**

Printed Name \_\_\_\_\_ Sign: \_\_\_\_\_  
(If over 18 years of age)

Parent/Legal Guardian Print Name \_\_\_\_\_ Sign: \_\_\_\_\_

Date \_\_\_\_\_ Emergency phone number of parent or guardian \_\_\_\_\_