

# Cary Park District

## Permission To Dispense Medication *Waiver and Release of All Claims*

The Cary Park District will not dispense medication to a minor child or other participant until the Permission to Dispense Medication Waiver and Medication Dispensing Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

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**NAME OF PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I** \_\_\_\_\_ **the parent/guardian of** \_\_\_\_\_  
(Print Name) (Print Name)

**give permission to the staff of the Cary Park District to administer to my child**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(Name/s of Medication)

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**I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**NAME/S OF MEDICATION AND COMPLETE DOSAGE INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Cary Park District to 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.**

(Continued on Reverse & Signature)

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**I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Cary Park District administering medication to my minor child, I do hereby fully release or discharge the Cary Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Cary Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**