



Permission To Dispense Medication
Waiver and Release of All Claims

This form **must** be filled out by participants taking medications at programs or on trips that do not self medicate. If you do self medicate, you do not need to fill out this form.

The Maine-Niles Association of Special Recreation will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on Dispensing medication are available for review.

NAME OF PROGRAM: _____ **DATE:** _____

I, _____ the parent/guardian of _____
(Print name) (Print name)

give permission to the staff of the *Maine-Niles Association of Special Recreation* to **administer to my**

child _____
(Name of Medication)

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 OF MEDICINE AND COMPLETED 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 *Maine-Niles Association of Special Recreation* 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.

(over)

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 *Maine-Niles Association of Special Recreation* administering medication to my minor child, I do hereby fully release or discharge the *Maine-Niles Association of Special Recreation*, and its offers, agents, volunteers and employees from any and all claims from injuries, damages and loss 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 *Maine-Niles Association of Special Recreation*, and its offers, 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)