



City of Las Vegas Department of Youth Development and Social Innovation

Permission to Dispense Medication and Epinephrine Pens (EpiPen)

Waiver and Release of All Claims

Attach Photo Here

The city of Las Vegas Department of Youth Development and Social Innovation will not dispense medication to any participant until a Permission and Waiver to Dispense Medication has been fully completed and on file. Please print and submit the completed form to the Site Leader at your child's Safekey/Ignite location. The Department's internal procedures on dispensing medication are available for review at your request.

Program: _____ Date: _____

I, _____ (Print Name) give permission to the staff of

_____ (Name of Safekey Site) to administer the following

medication(s) to _____ (Name of Participant)

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 COMPLETE DOSAGE INSTRUCTIONS

Medication: _____ Dosage: _____ Time/s to Dispense: _____

Medication: _____ Dosage: _____ Time/s to Dispense: _____

Medication: _____ Dosage: _____ Time/s to Dispense: _____

The recommended dosage of any medication will not be exceeded in any case. If after administering medication there is an adverse reaction, I give my permission to _____ (Name of Site)

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.

Physician's Name: _____

Phone Number: _____

PLEASE ATTACH A RECENT PHOTO OF THE CHILD TO THIS FORM.