



Child's Photo
Must Be Attached

MEDICATION RELEASE FORM

PARTICIPANT'S NAME: _____

Date: _____

The program's medication policy is available for your review at your request and can be found in the parent handbook. Please initial the items below:

_____ If my child has an adverse reaction to medication, or if my child has a medical emergency requiring the use of fast acting medication, I give permission for 911 to be called and for program staff to secure any licensed hospital, physician and/or medical personnel to provide any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

_____ I understand Safekey does not provide medical personnel at any program site and does not have the ability to refrigerate nor regulate storage temperature levels for medications of any kind.

_____ I understand my child must be capable of self-administering his/her/their prescribed medication.

If a child needs to take prescription medication during program hours, the following procedures must be followed:

- Medication must be provided by an adult directly to program staff in its original container with the pharmacist's label indicating the proper dosage amount and times. Please contact the program office regarding specific medical conditions that require administration of prescription medication on an as-needed basis. These will be handled on a case-by-case basis and within program constraints.
Only a daily dose should be in the medication container and parents/guardians must initial the individual medication log for the child and pick up the empty container each day.
Liquid medication must be premeasured with the pharmacist's label and a plastic medical measuring spoon or dosing cup must be provided with the medicine.
Program staff will, whenever practical, provide the child with the medication at the time(s) indicated on the medication release form.

Table with 3 columns: MEDICINE, DOSAGE, TIME. Includes rows for a.m. and p.m.

For How Long/Duration: _____

Doctor's Name: _____ Doctor's Phone Number: _____

INHALERS AND EPIPENS ONLY

Describe the symptoms, conditions, and circumstances that would necessitate the medication: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNIFICATION

As a condition to being granted access to any facility owned by the city of Las Vegas ("City"), as applicable, and authorization to participate in any event or program, including, without limitation, any class, athletic event, tournament, special event or other activity administered or sponsored by the City (the "Program"), I the undersigned, by signing below, and acting as parent and/or legal guardian of the Program participant ("Participant"), acknowledge the contents of this Form and on my behalf, and on behalf of the Participant and other members of my family, agree that we will advance no claim and we are voluntarily waiving, releasing, indemnifying, and discharging the City and (as applicable) its elected officials, trustees, officers, employees, contractors, volunteers, and agents from any and all injuries, liability, damages, and each and every action (collectively, "Claims") arising directly or indirectly from the distribution or failing to distribute medications to the Participant. For greater certainty and in addition to any other provision herein, I understand that I am assuming the sole risk of any Claims related to the distribution of or the failure to distribute medications to the Participant, and that the indemnity obligations contained herein below cover any such Claims. I understand and agree that this Release and Waiver of Claims includes any Claims based on the actions, omissions, or negligence of the City and (as applicable) its elected officials, trustees, officers, employees, contractors, volunteers, and agents.

In addition to the Release and Waiver set forth above, I the undersigned, and acting as parent and/or legal guardian of the Participant and members of my family, agree to defend at my expense, by legal counsel reasonably satisfactory to City, indemnify and hold the City and (as applicable) its elected officials, trustees, officers, employees, contractors, volunteers, and agents harmless from any and all Claims, demands, suits, judgments, awards or any other form of liability (including court costs and reasonable attorneys' fees) for personal injuries and/or property damage, which is the result of the acts or omissions, negligent or otherwise, in connection with the distribution of or failure to distribute the Participant's medications.

In no event shall the language herein constitute or be construed as a waiver or limitation of the City's rights or defenses with regard to sovereign immunity, governmental immunity, or other official immunities and protections as provided by the Federal and State Constitutions or by applicable law.

PARENT OR LEGAL GUARDIAN

Print Name: _____

Signature: _____

Relationship: _____ Date: _____