

PARENTAL CONSENT AND WAIVER TO ALLOW ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

INSTRUCTIONS TO PARENT:

1. All prescription and nonprescription medications **MUST** contain the child's name and be dated and unexpired.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. You must notify staff of medications requiring refrigeration and they must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. The Waiver of Liability on the back of this form **MUST** be signed.
5. Written consent must be provided from the parent or legal guardian, permitting City of Tualatin personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label.

CHILD'S NAME	DATE OF BIRTH	
MEDICATION NAME	DOSAGE	REFRIGERATION

I authorize the City of Tualatin, its officer, employees, and agents to administer and assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.

BEGINNING DATE
ENDING DATE
TIME OF DAY

PARENT'S SIGNATURE	DATE
--------------------	------

MEDICATION CHART STAFF DOCUMENTATION OF MEDICATION ADMINISTERED TO MINOR CHILD

DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medication to parent, or if abandoned, destroy immediately. Place this form in child's record.

STAFF NAME	STAFF SIGNATURE	DATE
------------	-----------------	------

WAIVER OF LIABILITY:

I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE, RELEASE AND DISCHARGE THE CITY OF TUALATIN, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND INDEPENDENT CONTRACTORS AND ANY AND ALL OTHER PARTICIPATING OR COOPERATING GOVERNMENTAL UNITS (COLLECTIVELY, THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS FOR INJURIES, DAMAGES OR LOSS, OF ANY KIND OR SEVERITY WHATSOEVER, INCLUDING DEATH, WHICH MY CHILD MIGHT SUSTAIN AS A DIRECT OR INDIRECT RESULT OF THE RELEASED PARTIES' ADMINISTRATION OF MEDICATION TO MY CHILD. FURTHER, I SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL CLAIMS FOR INJURIES, DAMAGES OR LOSS, OF ANY KIND OR SEVERITY WHATSOEVER, WHICH MIGHT BE SUSTAINED AS A RESULT OF THE RELEASED PARTIES' ADMINISTRATION OF MEDICATION TO MY CHILD.

I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE, RELEASE AND DISCHARGE THE RELEASED PARTIES FROM ANY ACCIDENTAL OR NEGLIGENT VIOLATION OR BREACH OF ANY PRIVACY RIGHTS INURING TO MYSELF OR MY CHILD, IN STATUTE OR COMMON LAW, OR RELEASE OF ANY PERSONAL MEDICAL INFORMATION, IN WHOLE OR IN PART, FURNISHED TO THE CITY OF TUALATIN IN RELATION TO THE RELEASED PARTIES' ADMINISTRATION OF MEDICINE TO MY CHILD.

PARENT'S NAME

PARENT'S SIGNATURE

DATE
