



Parks & Recreation  
ParksandRec@san-marcos.net

## **RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING MEDICATION**

### **AN AGREEMENT BETWEEN THE CITY OF SAN MARCOS AND THE PARENT/GUARDIAN OF A CHILD ENROLLED IN A CITY OF SAN MARCOS RECREATION PROGRAM**

#### **MEDICATION DURING PROGRAM HOURS**

This form must be completed by the physician and the parent/guardian and contain their signatures before any medication can be administered at or by the City of San Marcos and/or City of San Marcos contractual instructors. If your physician would like your child to carry either an asthma inhaler or emergency medication (such as, but not limited to, Epi-pen), part III must be completed by the doctor, parent and child. The City of San Marcos reserves the right to review the information included on this form and, in the sole discretion of the City of San Marcos to refuse to administer the medication(s) indicated on this form. The parent/guardian of the participant will be advised ahead of the activity if the Agency elects to refuse to administer the medication(s).

**THE PARENT OR ADULT REPRESENTATIVE MUST BRING ALL MEDICATIONS TO  
PROGRAM IN THE ORIGINAL CONTAINER.**

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**Name of Participant**

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**Birthdate**

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**Telephone of Parent/Guardian**

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**Participant's Address**

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**City**

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**Zip Code**

[www.san-marcos.net](http://www.san-marcos.net)



**I. THIS SECTION TO BE COMPLETED BY PHYSICIAN**

If required, use a separate piece of paper for additional medications containing the information requested herein. The physician must sign and date the additional piece of paper.

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**Name of Medication**

**Reason for Medication (Diagnosis)**

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**Start Date**

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**Stop Date**

**Form of Medication**

Tablet/capsule  Liquid  Inhaler  Injection

**Other** \_\_\_\_\_

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**Dosage (\*Specify exact Instructions, Time of Administration Special Storage Milligrams, if a tablet)**

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**Restrictions and/or effects** \_\_\_\_\_

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**Printed/typed name of physician** \_\_\_\_\_

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_

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**Zip Code** \_\_\_\_\_ **Phone** \_\_\_\_\_

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**SIGNATURE OF PHYSICIAN:** \_\_\_\_\_

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**DATE:** \_\_\_\_\_



**II. THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for (name of child) \_\_\_\_\_ to receive the above medication during the recreational program according to standard program policy. I, or an adult representative whom I designate, will provide my child with all necessary medication to bring to the recreational program of the City of San Marcos.

As a parent/guardian of a child enrolled in a recreation program offered by the City of San Marcos I hereby agree to the following:

- A. I agree to indemnify, defend, and hold the City of San Marcos and its representatives, agents, and employees harmless from any and all liability for the results of taking the medication and/or the manner in which the medication is given, and from any liability arising out of these arrangements. In the event a program instructor is tasked with administering the medication and dosage, that instructor and all associated adult assistants, if any, will be given the same information and instruction as City staff and associated personnel are given with respect to such administration of medication, and each such person will be an indemnified party under the terms and provisions hereof.
- B. I will notify the City of San Marcos immediately if there is a change in my child's medication.
- C. I understand it is my responsibility to send the medication to the City of San Marcos program location in the original pharmacy container labeled with my child's name and the health care provider's instructions.
- D. I understand that this authority provided by this form will automatically expire at the end of each Program.
- E. I give my consent for City of San Marcos authorities and/or agents, including all parties referenced in II.A, above, to take appropriate action for the safety and welfare of my child, including seeking urgent or emergency medical care and treatment as determined necessary or advisable by the employees or staff of the City of San Marcos.
- F. I understand and acknowledge that the individual administering the medication as detailed in this form may not be a physician, physician assistant, registered nurse, or trained medical service provider. On behalf of my minor child, and on behalf of myself, and my minor child's siblings, heirs, and beneficiaries, I hereby release the City for any damages, including personal or bodily injury including death, resulting from the administration of the medication(s) as outlined in this authorization.

Signature of Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_



III. **PERMISSION TO CARRY ASTHMA INHALERS/EPIPENS/EMERGENCY MEDICATION – IF APPLICABLE (PART I AND II MUST BE COMPLETED)**

**TO BE COMPLETED BY THE PHYSICIAN:** The above-named attendee has been instructed in the proper use of their asthma inhaler/emergency medication. The attendee's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication during this recreational program. He/she understands the purpose, appropriate method, and frequency of use of the asthma inhaler/emergency medication.

Medication: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN:** I permit my child to carry the above-listed asthma inhaler/emergency medication as ordered by his/her physician.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY ATTENDEE:** I have been instructed in the proper use of my medication and will take it as prescribed to me by my physician.

Participant's Signature \_\_\_\_\_

Date: \_\_\_\_\_