



**Redmond Parks and Recreation Department
Medications Information and Authorization
LIABILITY RELEASE**

Program _____

Program Date(s) _____

Participant's Last Name _____ First _____

Home Phone _____ Birth Date _____ Age _____

Parent's Last Name _____ First _____

Address _____ City/Zip _____

Phone where you may be reached today _____

Alternate Phone (who) _____ (who) _____

Name of Medication _____

Specific instruction on dosage and when medication is to be administered (oral or topical only):

All medication must be in the original container from the pharmacy or doctor, clearly labeled with the participant's name, the physician's name and the strength of medication, and directions for taking by the participant.

Waiver of Liability: By signing this statement, we, the parents or guardians of _____, agree to indemnify, defend, and hold harmless the City of Redmond Parks and Recreation Department staff. We will not hold liable the City of Redmond or any member of the Parks staff who is directed by me/us to assist my/our child (ward) in taking said oral or topical medication which results in loss, claim, injury or death, including expenses and attorney fees.

Parent/Guardians Signature

Date

Parent/Guardians Signature

Date

Address

Phone

CAUTION: The medication should be delivered directly to the Recreation Leader by the parent or guardian. PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING. MEDICATION WILL NOT BE GIVEN UNTIL THIS FORM HAS BEEN SIGNED AND DELIVERED TO RECREATION LEADER.