



**PORTLAND PARKS
& RECREATION**
www.portlandparks.org

**Portland Parks & Recreation
Authorization for Medication Administration
Waiver and Release of All Claims**

Portland Parks & Recreation (PP&R) will not administer medication to a minor child or other participant until the Permission and Waiver to Administer Medication and Medication Information forms have been fully completed by a parent or guardian. PP&R internal procedures on administering medication are available for review.

Name of Program _____ Date _____

I, _____ the parent/guardian/caregiver of _____,
(please print name) (please print name)
give permission to the staff of Portland Parks & Recreation to administer to the above named
participant, _____
(name of medication)

I understand it is my responsibility to give the medication directly to the program staff in the original prescription container.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Portland Parks & Recreation 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.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication this participant. In consideration of Portland Parks & Recreation administering medication to the participant named above, I do hereby fully release or discharge Portland Parks & Recreation, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, and losses I or my child/ward may have, arising out of, connected with, incidental to, or in any way associated with administering of medication. I further agree to indemnify, hold harmless and defend Portland Parks & Recreation, and its officers, agents, volunteers, and employees from any and claims resulting from injuries, damages and losses sustained by me or the named participant, and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature _____ Date _____