



# Parks and Recreation Department Summer Camp 2009

## Authorization for the distribution of medications by County employees

Permission is hereby granted for \_\_\_\_\_ to receive medications distributed by Palm Beach County Department of Parks & Recreation staff in accordance with information and prepackaged dosage prepared and provided by \_\_\_\_\_.  
(Parent / Guardian)

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

\*Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Mother Father Guardian

Signature of Witness: \_\_\_\_\_

**\*This signature must be witnessed by an employee of Palm Beach County Parks & Recreation.**

I, the participant, parent or legal guardian of participant agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my child's participation in this program. I hereby assume the risk of participation in this program and in consideration of my child's participation in the program, I agree to hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, due to their acts, errors or omissions resulting in bodily injury, including death, or damage to my child's property incident to or in connection with my child's participation in this program or with my child's transportation for medical treatment. I, participant, parent or legal guardian of participant, authorize the transportation of participant for medical treatment. I further understand that I shall be responsible for any and all costs associated with the transportation of my child for medical treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of participant, parent or legal guardian

### TERMINATION OF MEDICATION DISTRIBUTION BY COUNTY EMPLOYEES

Please be advised that as of \_\_\_\_\_, 2009 my child, \_\_\_\_\_ is no longer required to take prescribed medication. Please terminate medication distribution.

Parent Signature: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_