

**Round Lake Area Park District
AUTHORIZATION FOR THE USE OF INHALERS / EPI PENS**

Child's Name _____

Date of Birth _____ Age _____ Gender: M F

To Be Completed By Physician:

Diagnosis _____

Medication (Trade Name) _____ Prescription Number _____

Date of Order _____ Duration of Order _____

Interval of Repeating Dosage _____

Dosage _____ Time _____

Symptoms of Condition _____

Other medication child is taking _____

Physician's Name (Print) _____ Phone _____

Physician's Signature _____ Date _____

**WAIVER AND RELEASE OF ALL CLAIMS FOR USE OF INHALER OR AUTO-INJECTOR
WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION**

Please read this form carefully and be aware that you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the Round Lake Area Park District/SRSNLC programs or at any Round Lake Area Park District/SRSNLC sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Park District/SRSNLC.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a Round Lake Area Park District/SRSNLC setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the Round Lake Area Park District/SRSNLC including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Round Lake Area Park District/SRSNLC.

I further agree to protect, indemnify, save, defend and hold harmless the Round Lake Area Park District/SRSNLC from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Round Lake Area Park District/SRSNLC may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Round Lake Area Park District/SRSNLC.

I have read and fully understand the above Waiver and Release of All Claims and Indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have same legal effect as an original form signature.

PLEASE PRINT.

Participant's Name _____

Parent/Guardian Signature _____ Date _____

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.