

CONSENT FOR GIVING OF MEDICATIONS

COMPLETE THIS FORM ONLY IF YOUR CHILD WILL BE TAKING MEDICATION DURING PROGRAM HOURS

I (Parent/Guardian) _____, give consent to the City of Coralville to hold my child's medication for Borlaug Before & After School Program or Summer Camp.

The medication must be in the original container and contain no more than a 30-day supply. I understand that the Coralville Recreation Department will hold the medication before and after the child is to take it. It is not the responsibility of the Coralville Recreation Department to make sure my child has received the proper dosage. If a pill is to be taken as a half, the pills must be cut in half by the parent.

The following medication will be received from (Parent/Guardian): _____

_____ **For use by (participant):** _____

Medication	Amount	Time to be given	Date

Date: _____ **Signature:** _____

THE UNDERSIGNED PARENT(S) AND/OR GUARDIAN(S) HEREBY ACKNOWLEDGE THAT THESE SERVICES ARE SOLELY FOR THE CONVENIENCE OF THE RECIPIENT, THAT SUCH SERVICE WILL BE PROVIDED BY A PERSON WHO IS NOT A HEALTH PROFESSIONAL; NEVERTHELESS, THE UNDERSIGNED AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF CORALVILLE, ITS OFFICERS, AGENTS, EMPLOYEES AND RECREATION DIVISION STAFF FROM ANY AND ALL CLAIMS, DAMAGES, COSTS, CHARGES, EXPENSES AND SUITS ARISING OUT OF, OR RESULTING FROM, THE GIVING, OR FAILURE TO GIVE MEDICATION AS PROVIDED ABOVE.

Date: _____ **Signature (Parent/Guardian):** _____