**WAIVER & RELEASE OF ALL CLAIMS**

I understand that I have the primary responsibility for administering medication to my child. I further understand that if it is necessary for my child to take medication, or to allow my child to self-administer medication, during Park District program hours, I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to or self-administration by my child. 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.

In consideration of the Park District administering medication to my child, I do hereby fully release or discharge the Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my child may have (or accrue to me and my child), and arising out of, connected with, incidental to, or in any way associated with the administering/dispensing of medication or self-administered medication.

**Signature of Parent or Guardian Date**