



Authorization for the Distribution of Prescription Medication

Permission is hereby granted for _____ (participant's name) to receive prescription medication distributed by Palm Beach County Parks and Recreation Department staff in accordance with information and prepackaged dosage prepared and provided by _____ (name of Parent/Guardian). I hereby acknowledge that the Parks and Recreation Department staff are not medical professionals and are totally reliant on the instructions and materials being provided by the parent or guardian.

Medication _____ Dosage _____ Time Taken _____

Medication _____ Dosage _____ Time Taken _____

Medication _____ Dosage _____ Time Taken _____

*Signature of parent/guardian _____ Date _____

***This parent/guardian signature must be witnessed by an employee of the Palm Beach County Parks & Recreation Department.**

Signature of staff witnessing parent/guardian signature _____

In consideration for myself or my child to participate in the above program (s), 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 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 or my child's participation in this program. I hereby assume the risk of participation in this program and in consideration for myself or 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 of my child's property incident to or in connection with my or my child's participation in this programs or with my or my child's transportation to a field trip and for medical treatment. I, participant, parent or legal guardian of participant, authorizes the transportation of participant for medical treatment. I further understand that I shall be responsible for any and all cost associated with the transportation of myself or my child for medical treatment. Permission is hereby granted for myself or my child to participate in Palm Beach County Parks and Recreation Department programs including community outings, and authorization is hereby given for emergency medical care of said participant. I have read the above and understand it and hereby agree that I will not hold Palm Beach County liable for any injuries that may occur as a result of participation in the recreation activities provided by Palm beach County.

Signature _____ Date _____

Signature of participant, parent or legal guardian