

FCPRD Medication Release Form for Inhalers and Epinephrine

My child has been prescribed _____ and is capable of securing and administering that medication. I understand that Frederick County Parks and Recreation Department staff, as well as contractors at FCPRD programs (excluding the basicREC program) are not trained to administer the above medication, and that my child will be responsible for carrying and administering this medication.

In the event of a life-threatening emergency, if my child attempts to administer the above medication but is unsuccessful, FCPRD staff may assist my child in administering the medication if the staff member or contractor feels able to do so without harm to him/herself, other participants, or my child. I understand in this scenario that medication will be administered by a non-health professional, and hereby release indemnify and hold harmless FCPRD and its staff members or contractors for any liability or claim against them for administering medication or rendering aid to my child.

In the event of an emergency, FCPRD staff and/or contractors will call emergency services and the emergency contact phone number on file with the FCPRD.

Participant's name

Parent/Guardian name

Parent/Guardian Signature

Date