



**CITY OF VACAVILLE PARKS AND RECREATION DEPARTMENT**  
**40 Eldridge Ave., Suite 13, Vacaville, CA 95688**

**LIABILITY WAIVER AND RELEASE FOR ADMINISTRATION OF MEDICATION**

I have authorized the City of Vacaville staff to perform emergency procedures, including assisting with the administration of epi-pens, injections or self-administered medications (whether over the counter or prescription) or any other steps as described in the Medication Administration Authorization Form, to treat any illness, medical condition, allergic reaction, or injury that my child may experience.

I recognize and acknowledge that there are certain risks of injury, illness, permanent disability, and death in connection with administration of medication to any minor child. I understand such risks include, but are not limited to, failing to properly administer medication, failing to observe side effects, failing to assess and recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency services. I also understand that the risks of injury, illness, permanent disability, and death may result from the actions, omissions, or negligence of myself and others, including, but not limited to City employees, officials, agents, volunteers, and other participants. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself, including, but not limited to personal injury, permanent disability, death, illness, loss, claim, or expense, of any kind, that I, or my child may experience or incur in connection with the administration of medication to my child.

I hereby authorize City of Vacaville staff to assist in the administration of medication on my behalf or allow my child to self-administer (if permitted by my child's physician) the lawfully prescribed Epi-Pen or other medication as directed in the Medication Administration Authorization Form.

I acknowledge the assistance in administration of the Epi-Pen or other medication to my child by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I hereby waive any claim for myself, my minor child, my heirs, executors, assigns or personal representatives that I may have against the City of Vacaville, its officials, officers, employees, agents and volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer any medication to my child. I further agree to protect, indemnify, defend and hold harmless the City of Vacaville, its officials, officers, employees, agents and volunteers, for any claims for damages, including attorney fees, arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer medication to my child.

I also give my permission to the City of Vacaville staff to contact emergency services or obtain emergency medical treatment if necessary. I agree to be wholly responsible for payment of any and all medical and emergency services rendered to my child.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REMINDERS:**

- Participants are responsible for arriving at the program with all necessary medications, supplies, pumps, back-up medications and any other equipment necessary for the participant to safely self-administer their medications.
- Medical monitoring of blood sugar levels must be done by parents or guardians prior to attending the program each day, to ensure that they are within their target range.
- Staff will not be responsible for identifying symptoms of hyperglycemia or hypoglycemia, but can assist the participant in checking blood sugar levels with proper training provided by parents or guardians.
- Parents / guardians are responsible for providing all necessary information regarding dietary restrictions, food allergies or special diet considerations to staff.
- Participants and parents / guardians shall be advised and reminded that it is the participant's responsibility to administer the medication and that staff will only assist as needed. Staff will not give scheduled injections.
- It is the responsibility of the parent / guardian to pick up any medication that remains at the conclusion of the program. Any medication not picked up will be disposed of in a safe manner.