



**Arlington
Public
Schools
Aquatics Management Office**

**AUTHORIZATION FOR MEDICATION, SUN SCREEN, INSECT REPELLENT
Release and Indemnification Agreement**

I hereby authorize the Arlington Public Schools, Aquatics Management personnel to give the medication as directed by this authorization. In consideration of Arlington Public Schools, Aquatics Management administering medication to my minor child, on behalf of myself, my child, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify Arlington Public Schools and all of its officers, departments, agencies, agents and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting this participant with the use of medication.

I am aware medication will be administered by non-medical personnel, specifically, Arlington Public Schools, Aquatics Management staff. I recognize and acknowledge that there are certain risks of physical injury in connection with administering medication to a minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to access 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. By signing this form I desire, consent and voluntarily choose to allow Arlington Public Schools, Aquatics Management to administer the below medication to my child. Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that Arlington Public Schools will not be responsible for any damages or injuries resulting to me or my child. I have read the procedures outlined on the back of this form, and I assume responsibility as required.

I have read and understand this HOLD HARMLESS, INDEMNIFICATION AND ASSUMPTION AGREEMENT and by my signature agree to its terms.

PART I – To be completed by PARENT OR GUARDIAN - Please fill out section below for all authorizations, including: medication, sun screen, and/or insect repellent		
Participants Name:		Date of Birth:
Name of Program in which participant is enrolled:		
Parent/Guardian Signature:		Daytime Phone #:
PART II – SUNSCREEN/INSECT REPELLANT – To be completed by PARENT OR GUARDIAN		
Staff may apply the follow to the program participant	<input type="checkbox"/> Sunscreen	List adverse reactions (if any)
	<input type="checkbox"/> Insect Repellant	List adverse reactions (if any)
PART III – SHORT TERM MEDICATION – To be completed by PARENT OR GUARDIAN for medication that the participant is taking for up to 10 days. Examples include Tylenol or other analgesics, antibiotics or other medications that have been prescribed for a short term.		
Diagnosis:		Prescription:
Dosage to be given at the Camp		Time to be given at the Camp
Start Date – From		To:
PART IV – LONG TERM MEDICATION – To be completed by the PHYSICIAN for medication that the child takes on a permanent or long-term basis. It is encouraged for parents to administer medication before or after the program if possible. Examples include inhalers, EpiPen's, insulin, or any other treatment for a long term disability or condition		
Diagnosis or reason for prescription(s):		
If the child is taking more than one medication at the Camp, please list all the medication below:		



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Medication Name	Dosage	Time	Date to be Administered		Special Notes
			From:	To:	
			From:	To:	
			From:	To:	
Physician Name (Please print or type)			Physician Signature		
			Date:		
Reminder to Parent/Guardian: Medication must be labeled with participant's name, name of medication, dosage amount and the time or times to be given. Medications must be in the original container with a single dose for the day (if applicable), and the prescription label attached. Please note: Use of sunscreen or insect repellent requires written parent authorization noting any known adverse reactions to particular brands					