





# City of Newman

## **AUTHORIZATION, WAIVER AND RELEASE – continued**

### **AUTHORIZATION, WAIVER AND RELEASE**

I authorize the City's employees 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 that I have described above to treat any illness, medical condition, allergic reaction, or injury that my dependent may experience.

I recognize and acknowledge that there are certain risks of injury in connection with the administration of medication to any minor child or dependent. Such risks include, but are not limited to, failing to properly administer the 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 medical services.

I hereby authorize the City of Newman employees or staff to assist in the administration of medication on my behalf or allow my dependent to self-administer (if permitted by my dependent's physician) the lawfully prescribed Epi-Pen or other medication in the event of an allergic reaction by my dependent. I acknowledge the assistance in administration of the Epi-Pen or other medication to my dependent 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 heirs, executors, assigns or personal representatives that I may have against the City of Newman, its officials, officers, employees, agents or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in-administration or failure to administer or attempt to administer any medication to my dependent. I further agree to protect, indemnify, defend and hold harmless the City of Newman, its 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 dependent.

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

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



## **REMINDERS:**

- Participants are responsible for arriving at the program with all necessary medications, supplies, pumps, backup 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.