



**CITY OF LAKE WORTH**

Recreation Department Summer Sports Camp  
Authorization for the distribution of medications by City employees

Permission is hereby granted for \_\_\_\_\_ to receive medications distributed by the City of Lake Worth Recreation staff in accordance with information and prepackaged dosage prepared and provided by \_\_\_\_\_ (Parent/Guardian)

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mother  Father  Legal Guardian

Signature of Witness: \_\_\_\_\_ Title of Witness: \_\_\_\_\_

**\*This signature must be witnessed by an employee of the City of Lake Worth Recreation Department.**

I, \_\_\_\_\_, the Parent/Legal Guardian of \_\_\_\_\_, hereby give my approval for the above-named child to receive prescription medication as prescribed by the label. I, the parent or legal guardian of the above listed participant, agree to protect, defend, reimburse, indemnify and hold the City of Lake Worth, its agents, designees, employees, volunteers and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or cause of action of every kind and character, including attorney fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my child's participation in the program, including consumption of any medication.

In the event of any emergency, I hereby authorize treatment of the above-named participant by the nearest hospital and its staff or an Emergency Medical Unit at the scene. I shall not hold the City of Lake Worth, its agents, designees, employees, volunteers and elected officials responsible, in case of an accident, as I am assured that maximum attention would be given to all safety precautions.

I further understand that I shall be responsible for any and all costs associated with hospital treatment or the transportation of my child for medical treatment.

TERMINATION OF MEDICATION DISTRIBUTION BY CITY EMPLOYEES

Please be advised that as of \_\_\_\_\_, 2013, my child, \_\_\_\_\_, is no longer required to take the above listed prescribed medication. Please terminate medication distribution. I understand that I must complete and sign a new form for any/all new medications needing to be distributed to my child during summer camp.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date

\_\_\_\_\_  
Staff Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date