

AUTHORIZATION OF MEDICAL TREATMENT and DOCUMENTATION FORM

Lincoln Parks and Recreation

INDIVIDUALS NAME _____

ALL MEDICATION MUST BE IN THE ORIGINAL LABELED CONTAINER IN ORDER TO BE DISPENSED BY CITY STAFF!

Item #	Medication or Other Medical Treatment	Purpose	Dosage	Time	Route	Expire Date
1						
Instructions:						
2						
Instructions:						
3						
Instructions:						

I give permission for this medical treatment to be given by Recreation staff during the _____ program at _____ location.

I agree to notify Parks and Recreation staff if there are any changes to the above authorized medical treatments.

In case of emergency, I can be reached at Home # _____ Cell # _____ Work # _____

If I can not be reached contact _____ at _____

Signature: _____ Relationship to Applicant: _____ Date: _____

ADDITIONAL CONSENT FOR LICENSED CHILD CARE ONLY

I, _____ have determined Lincoln Parks & Recreation staff competent to give or apply medication to my child(ren). I understand that Child Care Center and Preschool Directors have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child(ren).

Signature of Parent/Guardian _____

Below this line for staff use only

- Print your name and initials in the space below the first time you provide medical treatment for this individual.
- Initial the Documentation Form (on reverse side) every time you record the medical treatment you provided.

Staff Name (Print)	Initials

Staff Name (Print)	Initials

**WAIVER AND RELEASE OF ALL CLAIMS FOR
ADMINISTRATION OF MEDICAL TREATMENT TO CITY OF LINCOLN**

This Waiver and Release (“Waiver”) is entered into between the City of Lincoln, on behalf of its employees, agents, officers, volunteers, directors, or representatives (all referred to jointly as “City” herein) and the undersigned Parent(s)/Guardian(s), which shall include the dependents, heirs, executors, administrators, assigns and successors, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

In the event that the child requires medical attention while participating at the City’s Park & Recreation sponsored activity or program, the undersigned grant permission to City staff to administer the medical treatment described herein while engaging in said activity when treatment is appropriate.

Parent(s)/Guardian(s) hereby waive, release, hold harmless, and forever discharge City, its employees, agents, officers, volunteers, directors, or representatives from any and all claims, damages, or liability arising in law or equity as a result of City's administration of medical treatment in conformance with the authorization provided herein. The undersigned hereby acknowledge that no guarantees have been made as to the effect of such treatment and acknowledge responsibility for all reasonable expenses in connection with care and treatment rendered during this period.

This Waiver shall be governed and interpreted by the Laws of the State of Nebraska without reference to the principles of conflicts of law. This Waiver represents the entire agreement between the parties and all prior negotiations and representations are hereby expressly excluded from this Agreement. This Waiver may be amended only by written agreement of both parties. Each section of this Waiver is hereby declared to be independent of every other section so far as inducement for the acceptance of this Waiver and invalidity of any section of this Waiver shall not invalidate any other section thereof.

The undersigned do hereby agree and represent that he or she is legally capable to sign this Waiver, that he or she has read and fully understands the Waiver, and that such Waiver is legally binding.

Child’s Name (Please print)

Parent/Guardian Signature

Date

Parent/Guardian’s Name (Please print)

Parent/Guardian Signature

Date

Parent/Guardian’s Name (Please print)