UNION COUNTY YOUTH PROGRAM(S) – PARENTS/GUARDIANS' AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION(S)

Child's Name:_____ **Date of Birth:**_____

Parents/guardians requesting medication(s) administration to their child during the program must provide the County of Union with appropriate written authorization by the child's physician as well as completion of the within form.

Medication(s) must be stored in its original container and labeled properly before any medication(s) is administered. Please refer to the attached Guidelines for Administering Medication during Union County Youth Program(s).

I,_____, authorize my child to self-administer his/her medication(s). I have provided the County of Union with written orders from the physician that my child is capable of administering his/her medication(s).

I, _____, authorize the County of Union, the registered nurse and his/her designees and EMT, on my behalf and in my stead, to administer to my child his/her medication(s) in the event my child is unable to do so during the Union County Youth Program hours.

FURTHER, I _____, AGREE TO RELEASE AND WAIVE ANY AND ALL RIGHTS, LIABILITIES AND CLAIMS FOR INJURY OR DAMAGES I MAY HAVE AGAINST, THE COUNTY OF UNION, ITS OFFICIALS, EMPLOYEES, VOLUNTEERS, AND AGENTS, ARISING OUT OF THE ADMINISTRATION OF SAID MEDICATION(S). I AGREE TO INDEMNIFY AND HOLD HARMLESS THE COUNTY OF UNION, ITS OFFICIALS, EMPLOYEES, VOLUNTEERS, ANDAGENTS, FROM AND AGAINST ANY AND ALL LIABILITIES AND CLAIMS, INCLUDING PROPERTY DAMAGE, PERSONAL INJURY INCURRED OR RESULTING THEREFROM. I UNDERSTAND AND AGREE THAT THE ABOVE IS TO BE BINDING ON MY HEIRS AND ASSIGNS.

_____ _____
Signature of parent/guardian Date

_____ _____
Home Address Phone Number

_____ _____
City State Zip Cellular Number

Please Return To:
Union County Parks & Recreation
Trailside Nature & Science Center ♦ 452 New Providence Road ♦ Mountainside ♦ New Jersey 07092-1409
908 789 3670 ♦ www.ucnj.org/parks-recreation/trailside-nature-science-center

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