



City of Ojai

Recreation Department

Parent/Guardian/Physician Request for Administration of Medication

This request is valid for a maximum of one year

Name of Participant: _____ Participant's Birth Date: ____ / ____ / ____

Parent Request for Administration of Medication

Please print legibly

This service is provided during the recreation program hours only to enable the above participant to attend

_____ and the service is subject to the guidelines of the Recreation Division.
(Recreation Program's Name)

____ (initials) I have received and read the guidelines of the Recreation Division.

I _____ request that the Recreation Division assist my child _____
(Parent/Guardian's Name) (Participant's Name)

in the administration of medication in accordance with our physician's written instructions and the guidelines of the Recreation Division. I agree to sign the **Release of Liability for the Administration of Medication on page 2** and will notify the program's Recreation Coordinator immediately if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give my permission to contact the physician when necessary and to submit a new form and request when necessary.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Telephone (Work) _____ (Cell) _____ (Home) _____

Physician Request for Administration of Medication

Please print legibly

I _____, am a licensed physician and the doctor prescribing medication for _____
(Physician's Name) (Participant's Name)

This statement is provided to facilitate the administration of medication to the participant by a lay person who is not a licensed physician or registered nurse.

Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

Possible medication reactions: _____

Instructions for emergency care: _____

Physician's Signature _____ (Office Stamp must be current)

Address _____ Office Telephone _____

Date of Request ____ / ____ / ____ Date to Discontinue Medication ____ / ____ / ____



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Parent/Guardian Release of Liability for the Administration of Medication

The City of Ojai recognizes the importance of providing recreational programs that can be accessed and enjoyed by all members of the community, regardless of disability. The individual below has been described to the City of Ojai as having a chronic medical condition which is categorized as chronically ill, medically fragile, technology dependent or other health impaired and is in need of specialized physical health care services to be provided by the City of Ojai to enable the individual's participation in the

_____.

(Recreation Program's Name)

I, _____ the parent/guardian of _____ request that the following
(Parent/Guardian's Name) *(Participant's Name)*

specialized physical health care services be administered to the participant by an employee of the City of Ojai Recreation Department, in accordance with our physician's instructions appearing on page 1 of this document.

____ (initials) I understand that City employees administering this service may not be medically trained or licensed and only services or medications which do not require a trained or licensed health care professional to administer can be provided by the City of Ojai.

____ (initials) I acknowledge that if the specialized physical health care service required by the participant is the administration of medication, that medication shall only be administered if it is received in the participant's original labeled pharmacy bottle that contains clear instructions in English regarding the administration of the subject medication. I further acknowledge that the City of Ojai has the right to refuse to allow the participant to attend the above stated program if this procedure is not followed.

The Administration of Medication is intended for _____ usage only and will not be distributed to
(Participant's Name)
other program participants.

I hereby for myself, my child, my heirs or anyone who might claim on my behalf or my child's behalf, AGREE NOT TO BRING ANY CLAIM and waive, release and discharge the City of Ojai, its officers, agents and employees from any and all liability for personal injury or death arising out of or occurring in the course of administering specialized physical health care services to

_____ during participation in the _____.
(Participant's Name) *(Name of PROGRAM)*

This Release shall indemnify, defend and hold harmless the City of Ojai, its officers, agents and employees or subcontractors from and against any loss, liability, damage, claim, cost or expense, including reasonable attorney's fees, arising from the administration of medicine(s), including negligent performance, or lack of performance.

**I HAVE READ THE RELEASE OF LIABILITY FOR THE ADMINISTRATION OF MEDICATION
AND CERTIFY MY AGREEMENT BY MY SIGNATURE**

Both parents must sign if they are living with or have custody of the participant.

Parent/Guardian Signature

_____ / _____ / _____

Date

Parent/Guardian Signature

_____ / _____ / _____

Date