



*The Natural Place
To Be...*

MECKLENBURG COUNTY Park and Recreation Department

Therapeutic Recreation Division Medication Administration Release

I understand that Mecklenburg County Park and Recreation, unless otherwise stated, does not provide medical staff and that any medication would be administered by the Therapeutic Recreation staff to the best of their ability and judgment based primarily on the physician's instructions on the prescription given to them.

I recognize and acknowledge that any time any medication or treatment is given, there may be certain side effects or risks of injury. I, as guardian of my child or myself, agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/children may sustain as a result of the administration of these medications. I waive and relinquish all claims I may have against Mecklenburg County Park and Recreation and its officers, agents, servants and employees as a result of their assistance in my/my child's behalf. I hereby fully release and discharge Mecklenburg County Park and Recreation and its officers, agents, servants and employees for any and all claims from injuries, damages or loss which I may have or which accrue to me on account of my participation or the participation of my child/children in the above program(s). I further agree to indemnify, hold harmless and defend Mecklenburg County Park and Recreation and its officers, agents, servants and employees for any and all claims resulting from injuries, damages and loss sustained by me or by my child/children, arising out of, connected with or in any way associated with the activities.

I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital and the administration of medication by Mecklenburg County Park and Recreation agents, as prescribed by a physician, and/or non-prescription medications as may be required to safeguard the health and well-being of the participant, if it is necessary during the activity(ties.) I further understand that Mecklenburg County carries no accident coverage on participants and that immediate medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or their parent or guardian.

I have read and fully understand Mecklenburg County Park and Recreation policies pertaining to the administration of all medications, the above details and waiver and release of all claims.

Parent/Guardian Initials

PEOPLE • PRIDE • PROGRESS • PARTNERSHIPS

5841 Brookshire Boulevard • Charlotte, North Carolina 28216-2403 • (704) 336-3854 • Fax (704) 336-5472

www.parkandrec.com

All services are available without regard to origin, sex, or disability

I have given Mecklenburg County Park and Recreation:

Name of Medication

Number of Pills, Tablets, etc.

(All excess medications not picked up from Mecklenburg County Park and Recreation within thirty (30) days after a program or activity will be discarded.)

Signature of Parent / Guardian: _____

Date: _____

PEOPLE • PRIDE • PROGRESS • PARTNERSHIPS

5841 Brookshire Boulevard • Charlotte, North Carolina 28216-2403 • (704) 336-3854 • Fax (704) 336-5472
www.parkandrec.com

All services are available without regard to origin, sex, or disability