



**Arlington, County Virginia
Department of Parks and Recreation**

**AUTHORIZATION FOR MEDICATION, SUN SCREEN, INSECT REPELLENT
Release and Indemnification Agreement**

I hereby authorize the Arlington County Department of Parks and Recreation personnel to give the medication as directed by this authorization. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all of its officers, departments, agencies, agents and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting this participant with the use of medication. I have read and understand this HOLD HARMLESS AGREEMENT and by my signature agree to its terms.

PART I – To be completed by PARENT OR GUARDIAN - Please fill out section below for all authorizations, including: medication, sun screen, and/or insect repellent.

1. Participants Name: _____ 2. Date of Birth: _____

3. Name of Program(s) in which participant is enrolled: _____

4. Parent/Guardian Signature: _____ 5. Daytime Phone # _____

PART II – SUNSCREEN/INSECT REPELLANT – To be completed by PARENT OR GUARDIAN

6. Staff can apply the following to the program participant Sunscreen List adverse reactions (if any): _____
 Insect Repellent List adverse reactions (if any): _____

PART III – SHORT TERM MEDICATION – To be completed by PARENT OR GUARDIAN for medication that the participant is taking for up to 10 days. Examples include tylenol or other analgesics, antibiotics or other medications that have been prescribed for a short term.

7. Diagnosis: _____ 8. Prescription: _____

9. Dosage to be given at program: _____ 10. Time to be given at program: _____

11. Start Dates – From: _____ To: _____

PART IV – LONG TERM MEDICATION – To be completed by the PHYSICIAN for medication that the child takes on a permanent or long-term basis. It is encouraged for parents to administer medication before or after the program if possible. Examples include inhalers, EpiPen's, insulin, or any other treatment for a long term disability or condition.

12. Diagnosis or reason for prescription(s) _____

13. If the child is taking more than one medication at the program, please list all of the medications below

Medication Name	Dosage	Time	Dates to be administered	Special Notes
			From: _____ To: _____	
			From: _____ To: _____	
			From: _____ To: _____	

14. _____ 15. _____
 Physician Name (Print or Type) Physician Signature

16. Date: _____

Reminder to Parent/Guardian: Medication must be labeled with participant's name, name of medication, the dosage amount, and the time or times to be given. Medications must be in the original container with a single dose for the day (if applicable), and the prescription label or direction label attached. Please note: Use of sun screen or insect repellent requires written parent authorization noting any known adverse reactions to particular brands.