PERMISSION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

Child's Name: _____ Today's Date: _____

Parent's Name: _____ Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Medication Name: _____ Dosage: _____

Administration Instructions: _____

_____

_____

I, the undersigned, grant permission for City of Moorpark staff to administer the above named medication to my child. I, the undersigned, hereby assume full responsibility for all risk of injury or loss which may result from this action. I, the undersigned, hereby agree to indemnify, hold harmless, release, and forever discharge the City of Moorpark, its respective officers, agents, and employees, from any and all acts of negligence and all claims and demands whatsoever.

_____ _____

Signed Date