



City of Southlake Community Services Consent to Administer Medication Form

The City of Southlake will administer medicine only with written parental permission and will only administer medication as stated on the label directions or as amended by the physician via signed written instructions. Medications must be in their original container, labeled with the child's name, the date (if prescription), directions on how to administer, and the physician's name (if prescription). For medication other than inhalers, only that day's supply of medication is to be carried.

Medication dispensed shall be limited to routine oral ingestion not requiring special knowledge or skills on the part of City of Southlake staff. Children will be allowed to self-administer epi-pens, inhalers, or similar products without additional direction by City of Southlake staff.

Participant's Name: _____

Parent/Guardian: _____

Name of Medication: _____

Dosage: _____ **Approximate time to administer:** _____

Prescribing physician: _____ **Physician Phone number:** _____

Possible side effects or adverse reaction: _____

Date through which the consent is valid: _____

I am, by this document, requesting that staff of the City of Southlake Community Services Department administer the prescription medication to my child. I will deliver the medication to the appropriate Community Services staff prior to the time my child needs it. I understand that the person(s) who will be administering the medication are not trained medical professionals, or health care professionals, and have received no special training in administering the medication that I am asking them to administer to my child. I understand that Community Services Department staff will not administer medication without proper prescription documentation, and will administer only routine oral ingestion not requiring special knowledge or skills.

I understand that Community Services Department staff will not administer any type of injection, including epi-pens, inhalers, or similar products. I authorize Community Services Staff to possess prescribed products such as epi-pens for my child and to dispense them to my child to self-administer.

I AGREE TO RELEASE, INDEMNIFY, HOLD HARMLESS, AND DEFEND. AND DO HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS, THE CITY, ITS OFFICERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION OR LIABILITY ON BEHALF OF MY CHILD, AND ANY OTHER PERSONS, FIRM, CORPORATION, OR AGENCY, AND ITS EMPLOYEES, RELATING TO ANY NEGLIGENT ACT OR OMISSION OR INTENTIONAL ACT ARISING OUT OF THE ADMINISTERING OF THE ABOVE DESCRIBED MEDICATION TO MY CHILD.

Signature of Parent/Legal Guardian

Date