
Requirements for Possession and Self-Administration of Medication

The Town of Parker requires, as a condition of its agreement to permit children enrolled in its programs (“Participant(s)”) to carry and self-administer medication, that the medicine be prescribed by a healthcare provider with prescriptive authority and furnished by the parent(s) or guardian(s) of the Participant with the original pharmacy container label stating the Participant’s name, name of the medication, the dosage, the number of dosages per day and/or time(s) when the medication is to be self-administered by the Participant, and the date when the medication is to be stopped (if applicable). The Town further requires children who are authorized to self-administer medication to keep their medication in a secure place, such as a backpack or a zipped pocket. The Town will not store medication for children enrolled in its programs or administer medication to children. It is understood that the Participant may carry and self-administer the medication solely as an accommodation to the undersigned parent(s) or guardian(s) (the “Undersigned”).

The Undersigned agree that: a) it is their responsibility to review the Participant’s healthcare provider’s orders and instructions for the medication on a regular basis; b) if the Participant fails to abide by the terms of this waiver or the Town of Parker Medication Policy, the Town in its sole discretion may prohibit the Participant from bringing medication to a class or program in the future and the Participant may be disenrolled from the program; c) the Participant will notify the program instructor if they have used their medication in an emergency situation during the program; and d) the Participant will not allow any other student to administer the medication to the Participant, or otherwise handle or use the medication, and understand that if they do, the Participant may be removed and disenrolled from the program.

Waiver

The Undersigned hereby acknowledge that they have consulted with the Participant’s licensed healthcare practitioner regarding the Participant’s possession and self-administration of medication while present at a Town program, and by signing this waiver certify that the healthcare professional has determined that the Participant is able to identify his/her/their correct medication, demonstrate correct self-administration of the medication, and has knowledge of the required dosage and timing/frequency of the use of the medication. The Undersigned affirm that the Participant has been instructed in the purpose, appropriate method, and frequency of use of the medication and is capable of self-administering the medication. The Undersigned affirm that they will immediately notify the Town and submit a new Waiver form if there are any changes in the Participant’s prescribed medication or any medical orders related to the same if the Participant is currently enrolled in a Town program or will submit a new Waiver form at the time of any future enrollments even if within the same Session.

The Undersigned hereby waive any right of recovery or cause of action against the Town, its employees, elected officials, or agents for any injury sustained by the Participant named above. The Undersigned further agree to release, waive, discharge, and agree not to sue the Town for any claims, demands, or actions whatsoever arising out of any damage, loss, or injury incurred on or to the Participant as a result of the possession or self-administration of the medication to the Participant. This release of liability applies to the Participant as well as the Participant’s personal representatives, assigns, heirs, and next of kin. This release shall apply to all claims described above.



The Undersigned agrees to indemnify and hold the Town, its officers, employees, elected officials, agents, assistants, volunteers, consultants and representatives, harmless from any loss, damage or injury, which may result from his/her/their possession or self-administration of the medication to the Participant. This release of liability and indemnity applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Town. The Participant further agrees to release, waive and discharge, and agrees not to sue the Town for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred on or to the Participant as a result of his/her/their possession or self-administration of the medication to the Participant. This release of liability and indemnity applies to the Participant as well as any of the Participant's personal representatives, assigns, heirs and next of kin.