

Permission to Dispense Medication Waiver and Release of All Claims

Golden Heart Ranch will not dispense medication to a minor child or any other participant until the Permission to Dispense Medication Waiver and Medication Information Form have been fully completed by a parent or guardian.

Participants Name: _____ Age: _____

Address: _____

Parent/Guardian Name(s): _____ Contact Phone: _____

I, _____ the parent/guardian of _____

give permission to the staff of Golden Heart Ranch to administer to my child the medications listed on the Medical Information Form.

I understand it is my responsibility to give medications (including inhalers) directly to the program staff in the **original prescription containers** in a gallon size zip lock bag **clearly labeled** with participants name. Please **include 2 copies** of the Medication Information Form in the bag. I also understand, that over the counter medicine such as cough medicine, Tylenol etc., will not be administered unless permission is written by parent/guardian on the Over-the-Counter Medication Form.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Golden Heart Ranch to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my child. In consideration of Golden Heart Ranch’s administering medication to my child, I do hereby fully release or discharge Golden Heart Ranch, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend Golden Heart Ranch, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian: _____ Date: _____

I hereby acknowledge that the above information provided for the dispensing of medication for my child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes. I will do so by completing another Medication Information Form.

Signature of Parent or Guardian: _____ Date _____

