



MEDICATION RELEASE FORM

Dear Parents/Participant:

NEDSRA staff will be responsible for administering medication for all participants 17 and under. It is our understanding that **(participant name)** _____ would like to attend a NEDSRA sponsored activity, during which time medication, necessary to maintain your son/daughter's health and well being, should be administered. If this is your desire, please carefully read the following over carefully and return to the NEDSRA office with a _____ day supply of medication, to be administered during you or your child's attendance at _____ which meets from _____ to _____. **All medication must be given to us in its prescription bottle/container.** Please make sure the dosage and frequency is correct on your prescription container. If you have any questions, feel free to call NEDSRA at 630-620-4500.

Signature of Parent/Guardian _____ **Date** _____

Waiver and release of all claims – must be signed
 Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in NEDSRA programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.
 I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims my child/ward or I may have against the SRA and its officers, agents, servants and employees as a result of their assistance in my/my child's behalf. I hereby fully release and discharge NEDSRA and its officers, agents, servants and employees for any and all claims resulting from injuries, damages and loss which I may have or which may accrue to me on account of my participation or the participation of my child in the above program(s). I further agree to indemnify, hold harmless and defend NEDSRA and its officers, agents, servants and employees for any and all claims resulting from injuries, damages and loss sustained by me or by my child arising out of, connected with or in anyway associated with the activities.
 I agree to emergency treatment by a physician or hospital and the administration of medication by NEDSRA agents, as prescribed by a physician. I further understand that NEDSRA carries no accident coverage on participants and that immediate medical attention and /or hospitalization will be the sole responsibility of the individual in question and/or their parent or guardian.

List of Medication

Medication	# Pills Sent	Dosage a.m	Dosage noon	Dosage p.m.	Dosage bedtime

How is the medication taken? (whole, chewed,with food etc.) _____
 Is the participant allergic to any medication? _____
 Does the participant take over-the-counter medication? _____