



PARENTAL RELEASE FOR DISPENSING MEDICATION AND APPLYING SUNSCREEN

Contact Information

Child's Name _____

Medicine(s) _____

When should the medicine be given?

Dates _____

Times _____

How much? _____

Special Instructions to Camp Supervisors _____

Parent/Guardian's Permission to Apply Sunscreen to Child

As the parent or guardian of the child listed above, I give permission for Spartanburg County Parks Department staff to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be playing outside. I understand sunscreen may be applied to exposed skin, including the face, tops of ears, nose, bare shoulder, arms, legs, back and chest (when in swimsuits). I have checked all applicable information regarding the type and use of sunscreen for my child.

I do not know of any allergies my child has to sunscreen. Staff may use the sunscreen of their choice.

I have provided the following brand/type of sunscreen for use on my child _____

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body _____

Approval for Parks Department to Dispense Certain Medications

I, _____ the parent/guardian of _____ give permission to the staff of the Spartanburg County Parks Department to administer to my child the medication(s) listed above. I understand it is my responsibility to give medication (including inhalers) directly to program staff in an individual dosage container, original prescription containers or envelopes clearly labeled with the participant's name and dosage. I understand that over the counter medicine, such as cough medicine, Tylenol, etc. will not be administered. In all cases, the recommended dosage of any medication will not be exceeded.



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Emergencies

If, after administering medication, there is an adverse reaction, I give my permission to the Spartanburg County Parks Department to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary to 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 minor child.

Waiver of Claims

In consideration of the Spartanburg County Parks Department administering medication to my minor child, I do hereby full release or discharge the Spartanburg County Parents Department and Spartanburg County, its officers, agents, volunteers and employees, from any and all claims from injuries, damages and losses I, or my minor 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 the Spartanburg County Parks Department and Spartanburg County, its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me, or my minor child, and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Statement of Accuracy; Responsibility for Notification of Changes

I hereby acknowledge that the above information provided for the dispensing of medication for my minor 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 occur. I will do so by completing another "Parental Release for Dispensing Medication and Applying Sunscreen" form.

My signature below indicates that I have read and agree to abide by the policies listed above.

Signature of Parent or Legal Guardian

Print Name _____

Date _____