



FLEMINGTON PARKS & RECREATION COMMITTEE

P.O. BOX 2255
FLEMINGTON, NEW JERSEY 08822
(908)892-4649
EMAIL:FLEMINGTONPARKS@GMAIL.COM
WEBSITE:WWW.FLEMINGTONRARITANPARKS.ORG

**FLEMINGTON-RARITAN PARKS AND RECREATION COMMITTEE'S
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

The administrative policy of the FLEMINGTON-RARITAN PARKS AND RECREATION COMMITTEE'S Summer Supervised Playground/Camp Program, requires written permission from a participant's parent/guardian in order for staff to administer only prescribed medications for LIFE THREATENING EPISODES.

The medication can be administered in an emergency situation only by a member of our staff over the age eighteen (18).

A written statement from the prescribing physician stating dosage, and directives as to circumstances, which would necessitate administration medication, must be submitted.

It will be the responsibility of the parent/guardian to supply the medication, prescription and train the staff.

Please complete the form below. Any child who may require the staff to administer emergency prescribed medication **must** have this form signed and returned or the staff cannot assist the child.

I authorize the FLEMINGTON-RARITAN PARKS AND RECREATION COMMITTEE'S Summer Staff at

(camp site) _____ to administer medication in an emergency situation only to

(print child's name) _____

as prescribed by (physician's name) _____

FLEMINGTON-RARITAN PARKS AND RECREATION COMMITTEE and its employees shall have no liability as a result of any injury arising from the administration of (name of medication) _____ to (child's name) _____

Parent/Guardian shall indemnify and hold harmless the Borough of Flemington, Raritan Township, the Flemington-Raritan Parks and Recreation Committee, its employees, and elected officials against any claims arising out of the administration of (name of medication) _____ to (child's name) _____

****THIS FORM MUST BE RENEWED ANNUALLY****

Parent's Signatures: Signature(s) below represent(s) that he/she/they is/are parent(s) and has/have legal guardianship of the above mentioned child. If only one signature, he/she also represents that he/she is authorized to sign on behalf of the other parent.

(parent signature) (print parent name) Date

(parent signature) (print parent name) Date