

## City of Roseville Parks, Recreation & Libraries Nebulizer/Inhaler Authorization and Release

### Part 1 - To be completed by parent/legal guardian

I hereby authorize the City of Roseville Parks, Recreation & Libraries Department, including but not limited to its employees, agents, contractors and volunteers (hereinafter "staff"), to facilitate Epinephrine injections to the minor child/participant listed below as directed by the physician below.

I agree to release, defend, indemnify, and hold harmless the City of Roseville and its staff from any claims, losses, actions, damages, personal injury (including death), costs and expenses (including attorneys' fees), and liability of any kind or nature (collectively "Claims") directly or indirectly arising out of the City's administration and/ or facilitation of the injection to the minor child/participant listed below. This agreement shall be broadly construed.

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Participant Name

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Birthdate

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Parent/Legal Guardian Name

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Telephone

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Parent/Legal Guardian Signature

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Date

### Part 2 - To be completed by participant's physician

Diagnosis: \_\_\_\_\_

Medication (tradename): \_\_\_\_\_

Dosage/frequency: \_\_\_\_\_

Potential side effects and expected response: \_\_\_\_\_

I certify and acknowledge that this participant has received information on how and when to use the inhaler and that he/she can use it properly in an emergency.

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Physician's Name (Print)

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Telephone

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Physician's Signature

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Date

## Medication Chart

## Staff Documentation of Medication Administration

Participant Name: \_\_\_\_\_

[illegible]