

**NOTE:** This form is for Epi-Pens ONLY *(no other medication will be administered by staff)...*

**TOWNSHIP OF BRIDGEWATER, RECREATION DEPARTMENT  
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

The administrative policy of the Township of Bridgewater, Recreation Department, Summer Playground/Camp Program, requires written permission from a participant's parent/guardian in order for staff to administer prescribed medications for life threatening episodes.

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

**A written dated 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 and prescription.

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.

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I authorize the Township of Bridgewater, Recreation Department Summer Staff at (campsite) \_\_\_\_\_  
to administer medication in an emergency situation to (print child's name) \_\_\_\_\_ as  
prescribed by (physician's name) \_\_\_\_\_.

Bridgewater Township 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 Township, 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\*\***

**WAIVER FOR PARTICIPANT AND/BY PARENT**

In consideration of your accepting my or my child's entry, I hereby, for myself, my child, our heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Township of Bridgewater, Bridgewater Recreation Department and its representatives, officers, elected officials, employees, agents, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or child's name both limited to private or public presentations, advertising, publicity and promotion relating thereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the Township of Bridgewater harmless of and from any all liability of whatever nature, which may arise out of result from such uses. For the consideration stated above, I further agree that in the event that my child repudiates or attempts such release, I will personally indemnify and save harmless the Township of Bridgewater, its successors and assigns, for any and all loss and damage occasioned thereby.

Parent's Signature: 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)