



## Medical Waiver, Release & Authorization

I \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_

Hereby agree to the following:

1. I give permission for WPI program staff to provide routine healthcare, first-aid, administer prescribed and over the counter medications as described and seek emergency medical treatment for my above named child.
2. I give permission for WPI program staff to arrange for medical transportation, if necessary, for my above named child.
3. In case of emergency, I understand that all reasonable efforts will be made to contact me. But, in the event I cannot be reached, I hereby give permission for medical personnel selected by WPI's designated healthcare/emergency staff to secure and administer medical treatment including hospitalization, order and administer medications, anesthesia, X-rays, surgery or special procedures if deemed medically necessary for the above named child.
4. I hereby understand that all medical costs are my financial responsibility and agree to pay for all charges associated with procuring or providing medical care to the above named child.
5. I hereby grant permission to WPI program staff to administer bug spray and /or sun screen as needed to the above named child. I understand that it is my responsibility to provide my child with adequate sun/bug protection and any application made available by WPI program staff is a supplemental precaution.
6. I authorize the following listed medications to be administered by WPI program staff, as directed, to my child. I understand that all medications, prescribed and over-the-counter, must be (1)in their original packaging (2) labeled with the child's first and last name (3) provide specific instructions including dosage and times of day to be administered. If the medication is prescribed, a pharmacy label must be on the packaging.

\_\_\_\_\_  
\_\_\_\_\_

7. I hereby certify that the above named child is covered by health and accident insurance or Medicaid. The policy number is \_\_\_\_\_ and the coverage provider is \_\_\_\_\_.

I, the parent/legal guardian of the above named child have read, understood and agree to all terms stated above.

\_\_\_\_\_

Signature

printed name

date