

Medical Authorization and Release

I hereby authorize Warwick Township and its employees, volunteers and agents to administer the following medication to my minor child(ren) as specified:

<u>Child Name</u>	<u>Age</u>	<u>Medication</u>	<u>Dosage</u>

I understand and agree that Warwick Township, its program personnel, Board members, officials, employees, departments and affiliated entities shall not be liable in any way for any personal injuries sustained by my minor child as a result of administering the above described medication(s) and that the administration of those medications is subject to the Liability Waiver and Release which is incorporated herein by reference. I also hereby authorize Warwick Township to secure emergency medical care for my minor children should they suffer any injury or otherwise require such care while participating in any Warwick Township sponsored programs.

Should it be necessary for any Warwick Township program personnel to provide any emergency medical care for my minor child(ren), I acknowledge and understand that : Warwick Township, its program personnel, Board members, officials, employees, departments, agents and affiliated entities shall not be liable in any way for any personal injuries arising from such care and that all such activities are also subject to the Liability Waiver and Release.

Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Medical Authorization and Release on behalf of myself and my minor children.

Print Name: _____

Name(s) of minor children: _____

Signature: _____

Date: _____
