

# Individual Emergency Medication Waiver



I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, choose not to provide an emergency medication (inhaler or epinephrine auto injector) to the *Just for Kids* school-age program located at \_\_\_\_\_.  
(School)

- I understand that *Just for Kids* does not have access to or approval to use any medications housed by the school (i.e. in the health office).
- I understand that *Just for Kids* does not house any spare emergency medications.
- In the event that my child has a medical emergency, I understand that *Just for Kids* will not administer emergency medications to my child.
- *Just for Kids* will call 9-1-1 in the event of any medical emergency.

By signing below, I acknowledge that I have read and agree to the above terms and conditions, and have chosen not to provide emergency medications to *Just for Kids*.

I hereby release, discharge, and covenant to hold harmless *Just for Kids* and the *Child Care Network of the Niagara Frontier, Inc.*, its respective administrators, directors, agents, officers, volunteers, employees, other participants, and owners and lessees of premises on which the program takes place, from all liability, claims, demands, losses, or damages on my or my child's account caused or alleged to be caused in whole or in part by the delay or lack of administration of an emergency medication.

I future agree that if, despite this informed consent, waiver of liability and assumption of risk, I, or anyone on my behalf, makes a claim against *Just for Kids*, I will indemnify, save, and hold harmless *Just for Kids* from any loss, liability, damage, or cost which any may incur as the result of such claim.

If I change my decision at any time while my child is enrolled in *Just for Kids*, I will provide medication, a completed Written Medication Consent form and an updated Individual Health Care Plan to the *Just for Kids* Main Office for review and completion.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Just for Kids* Signature

\_\_\_\_\_  
Date