

**Medication/Treatment Authorization and Liability Waiver**

If the participant must take medication during the program, complete and return the enclosed Medication Dosage Chart. We will not be able to provide medication to the participant without this signed release. For the safety of all participants, we require that our program nurse or staff supervise participants' medication during all Valley Forge Educational Services (VFES) programs. All medication brought to these sessions, prescription or over-the-counter, must be left in staff care for the duration of the program. No medications are to be left in the participant's possession. The nurse or staff member will hold any medication for emergency use (i.e. rescue inhaler, EpiPen, etc.).

**Parental Authorization of Medication Administration**

I, the undersigned, am the parent or legal guardian of this participant, with full authority to make and delegate decisions regarding this participant's health. All of the medication information recorded on these forms is correct, and I have not omitted any information necessary for the proper dispensing of the medication for this participant. I authorize VFES to have access to this participant's medical records and, in the event of an emergency, to provide those records to any third parties as VFES deems necessary to facilitate the care of this participant. I waive any claims, for myself and on behalf of this participant, against VFES, and/or its agents, arising in connection with any of the activities or decisions authorized above. A photocopy of this signed authorization is as binding as the original.

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Name of Legal Guardian/Caregiver

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Signature of Legal Guardian/Caregiver

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Date**Authorization of Medical Treatment**

I grant my authorization and consent for VFES to administer general first aid treatment for any minor injuries or illnesses experienced by the participant. If the injury or illness is life threatening or in need of emergency treatment, I authorize VFES to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of VFES in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

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Name of Legal Guardian/Caregiver

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Signature of Legal Guardian/Caregiver

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Date**Liability Waiver**

I, the undersigned, accept and assume any and all risks associated with this participant's participation in VFES programs and all related activities. I understand that the participant must abide by program policies and the instructions of the VFES staff. I hereby agree that neither VFES nor its staff are responsible for accidents, injuries, and/or medical or dental expenses arising from the participant's involvement in VFES programs and, accordingly, I agree not to sue and waive, release, and discharge VFES and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to the participant's involvement in these programs. I have carefully read this information and agree to all conditions.

This participant, \_\_\_\_\_, may participate in an active VFES program:

☐ Without restrictions.

☐ With the following restrictions and/or in keeping with the following special instructions: \_\_\_\_\_

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Name of Legal Guardian/Caregiver

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Signature of Legal Guardian/Caregiver

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Date