



MEDICAL RELEASE FORM

Participant's Name _____

Date _____

I hereby release the County of Churchill, it's agents and employee's from all actions, causes of actions, damages, claims, or demands which I, my child, my child's heirs, executors, administrators, or assigns may have against the County of Churchill, it's employees, administrators, volunteers, and agents and other above-described parties for all known or unknown which my child may incur, or arise from, the administration of the following medications:

Medicine: _____

Dosage to be given: _____

Time to be given: _____

For how long: _____

Why is this child on this medication? _____

Doctor's name and phone number: _____

Signature of Parent/Guardian _____

Date _____

Representative of Churchill County Facilities, Parks and Recreation Department _____

Date _____

“Churchill County, Nevada, is an equal opportunity provider and employer.”