

**MEDICATION RELEASE AND WAIVER OF ALL CLAIMS**

The undersigned desires to enroll his or her child in the Aquarium of the Pacific Day Camp program. My child is required to take certain medications and for such purpose I instruct and authorize the camp educator to dispense medications to my child as follows:

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I am aware of the potential hazards of dispensing the above listed medications. On behalf of myself and my child, I hereby release the Aquarium of Pacific, its directors, officers, agents and employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred as a result of dispensing of the above listed medications to my child in accordance with the above instructions, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the Aquarium of the Pacific, its servants, agents or employees.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY AND SIGN OF MY OWN FREE WILL.**

Effective (Month, Day, Year) \_\_\_\_\_, , at Long Beach, California.

Child's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

For Food Allergies:

Allergen(s): \_\_\_\_\_

Reaction Symptoms: \_\_\_\_\_

Treatment Plan:

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