







2008 Adoptive Family & Youth Training Seminar  
May 17—18, 2008  
Wyndham Peachtree Conference Center



**Prescription Medicine Administration Form**

**Please mail a copy with registration forms and bring another copy to Nurses Station when checking child/youth in. Please use ONE for EACH child/youth.**

In order for us to accommodate your child's/youth's needs, the following is required:

1. All prescription drugs must be turned in to the staff nurse, (who will be located in the office next to the Kenwood room.) Follow the directional signs to this location. **Please allow enough time before your workshop to sign your child/youth in their assigned room and drop off their medications with the nurse.**
2. Prescription medicines will only be administered by conference nurse and must be in the original prescription bottle with the child's name, doctor, dosage and times to be dispensed.
3. We must have this form signed and on file before prescriptions medicines may be administered.

List below the prescription medicines that you are leaving with the nurse to be given to your child:

Prescription Name	Dosage	Times to be taken	Administered By:
1.			
2.			
3.			
4.			
5.			

**I give the designated nurse, staff for Ties That Bind Seminar, permission to administer the**

**above prescription medicines to (child's/youth's name) : \_\_\_\_\_**  
**According to the directions stated on the bottle.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



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**CONSENT FORM**

**Parent Consent for Child/Youth Participation in the  
2008 Adoptive Family & Youth Training Seminar Programs**

I grant my permission for my child(ren) or youth \_\_\_\_\_  
First Middle Last

To participate in the children and youth programs for the 2008 Adoptive Family and Youth Training Seminar known as the Ties That Bind on May 17-18, 2008.

I understand that in order to participate in this program, my child(ren) must abide by the established rules and codes of conduct established by the program staff. Severe disruption of the program, including but not limited to: verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and continued disruptive behavior may be cause for dismissing my child(ren) from the program.

I understand that the activities of the program will be conducted in and on the grounds of the Wyndham Peachtree Hotel and Conference Center.

If I cannot be located on the conference center premises when my child is participating in the program and if any illness, injury, or accident occurs which, in the sole judgment of the staff of the Ties That Bind seminar, requires immediate medical attention, I give consent for any member of the Ties That Bind conference staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I hereby indemnify and hold harmless the TIES THAT BIND TRAINING SEMINAR, DEPARTMENT OF HUMAN RESOURCES STATE ADOPTION UNIT, FAMILY MATTERS CONSULTING, INC., their members individually and their officers, agents and employees, and any and all staff members employed or volunteering with the TIES THAT BIND TRAINING SEMINAR from any costs, expenses, damages or other liability arising from any acts or omissions of staff members and medical care providers. I understand that in the event of an emergency medical situation, I will be notified as soon as possible. I also agree to provide the conference staff with accurate information and with information as to where I will be on the conference premises while my child(ren) are signed in with the children and youth programs.

I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident occurring while my child is attending the Ties That Bind Seminar children's and youth program is my responsibility, and that the TIES THAT BIND TRAINING SEMINAR, DEPARTMENT OF HUMAN RESOURCES STATE ADOPTION UNIT, FAMILY MATTERS CONSULTING, INC., their members individually and their officers, agents and employees are not obliged to pay for such medical care.

Although the utmost care will be taken to safeguard my child(ren), I understand and agree that participation by my child in the Ties That Bind Seminar is a the sole risk of my child, and I the legal parent and/or guardian agree to assume that risk. I hereby indemnify and hold harmless the TIES THAT BIND TRAINING SEMINAR, DEPARTMENT OF HUMAN RESOURCE STATE ADOPTION UNIT, FAMILY MATTERS CONSULTING, INC., from any and all costs expenses, damages, and other liabilities arising from or by reason my child(ren)'s participation in the Ties That Bind Seminar and the youth activities.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date