PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

PARENT/LEGAL GUARDIAN'S INSTRUCTIONS:

1. Written consent must be provided from the parent/legal guardian and the child's physician, permitting City Parks and Recreation staff to administer medications to the child. Medication shall be administered in accordance with the label directions and physician's instructions. Instructions shall not in any way conflict with the prescription/packaging label directions or the physician's instructions.

2. A physician may use office stationery or prescription pad in lieu of completing this form, provided all required information is legible. Information necessary includes: child's name, date of order, duration of order, diagnosis, medication name, dosage, interval of repeating dosage, symptoms, potential side effects and expected response, instructions for proper storing of the medication, identification of other medications the child is taking, the physician's signature and the date.

3. All medication shall be hand-delivered by the parent/legal guardian and shall be maintained in a locked area accessible only to authorized City staff. All medication shall maintained with the child's name and shall be dated, and must be stored in the original bottle/packaging with an unaltered label. Medications requiring refrigeration must be properly stored.

4. The first dosage of any medication must be taken on a date prior to any use while attending a City of Roseville program to assure the child does not have negative reactions.

5. The parent/legal guardian is responsible for submitting a new form each time there is a change in dosage or a change in time which medication is to be administered.

6. Any unused portions must be picked up by the parent/legal guardian immediately upon completion, after effective date expires or on child's last day.

7. The City of Roseville Parks and Recreation Department does not assume responsibility for unauthorized medication taken independently by the child.

CHILD'S NAME:	DATE OF BIRTH:
MEDICATION NAME:	DOSAGE

I hereby authorize the City of Roseville Parks and Recreation Department, including but not limited to its employees, agents, contractors and volunteers (hereinafter "staff") to assist in the administration of medication(s) in accordance with the prescription/packaging label directions and the physician's instructions described above to the minor child identified

above for the following medical conditions:

_____.

From _____ to _____ at _____ daily while in attendance.
Beginning Date Ending Date Time of Day

I agree to release, defend, indemnify and hold harmless the City of Roseville and its staff from any claims, losses, actions, damages, personal injury (including death), costs and expenses (including attorneys' fees), and liability of any kind or nature (collectively "CLAIMS") directly or indirectly arising out of the City's administration and/or facilitation of medication to the program participant identified. This agreement shall be broadly construed.

PARENT'S SIGNATURE:	DATE:
PHYSICIAN'S SIGNATURE:	DATE:

MEDICATION GIVEN TO STAFF – ***Staff Signature*** _____ **Date**_____

MEDICATION CHART Staff Documentation of Medication Administration		
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
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Upon completion or expiration of effective date, medication must be returned directly to the child's parent/legal guardian or destroyed, and this form placed in child's record.

Staff Signature _____ **Date**_____