



Bellevue Parks & Community Services Department
MEDICATION AUTHORIZATION

NAME OF CHILD: _____

NAME OF MEDICATION: _____

REASON FOR TAKING (OPTIONAL) _____

DOSAGE: _____ METHOD: _____
FREQUENCY/TIME(S) TO BE GIVEN TO: _____

MEDICATION BEGIN DATE: _____ MEDICATION STOP DATE: _____

SPECIAL INSTRUCTIONS:

DOES MEDICATION REQUIRE REFRIDGERATION? YES NO

IS THE MEDICATION A CONTROLLED SUBSTANCE? YES NO

IS SELF MEDICATION PERMITTED AND RECOMMENDED? YES NO

IF ASTHMA INHALER OR EMERGENCY MEDICATION, DO YOU WANT THE MEDICATION KEPT "ON PERSON" BY THE STUDENT? YES NO

POTENTIAL SIDE EFFECTS/CONTRAINDICATIONS/ADVERSE REACTIONS (PLEASE EXPLAIN)

Medication must be listed with the Program Supervisor or his/her designee. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drugs expiration when appropriate. I hereby authorize the City of Bellevue, Parks & Community Services Department and its employees and agents, in my behalf and stead to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employee and agents of the Bellevue Parks Department), lawfully prescribed medication in the manner described above.

I ACKNOWLEDGE THAT IT WILL BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A NURSE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims for myself, heirs, executors, assigns or personal representative that I might have against the City of Bellevue, Parks & Community Services Department, its employees and agents arising our of the administration of said medication. In addition, I agree to hold harmless and indemnify the medication is so administered or attempted to be administered, I waive any claims for myself, heirs, executors, assigns or personal representative that I might have against the City of Bellevue, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administrative or attempts at administration of said medication.

I AUTHORIZE AND RECOMMEND SELF-MEDICATION BY MY CHILD FOR THE ABOVE MEDICATION

Signature of Parent/Guardian: _____ Date: _____
Phone: _____

If any questions or problems arise, call me at:
Home: _____ Work: _____ Cell: _____