



PARENT RELEASE FOR ADMINISTRATION
OF PRESCRIBED MEDICATION

Child's Full Name _____
Last First Middle

Parent/Guardian _____
Name Phone Numbers

Address _____
Street City State Zip

Parent's Instructions for children receiving medication from a staff member must have the original prescription bottle with drug name, child's name, prescribing physician's name, dosage, time and dates to be given.

Condition Requiring Medication _____ Dates to be Given _____

1) Medication _____ Dosage & Times _____

2) Medication _____ Dosage & Times _____

3) Medication _____ Dosage & Times _____

If dosage time is missed? _____

PARENT RELEASE

The Conejo Recreation and Park District's medication policy is primarily established to accommodate the administration of medication prescribed by physicians to be taken during a recreation program. Each situation will be reviewed by staff on an individual basis. We reserve the right to refuse responsibility for administering medication at the initial request of the parent/guardian or at any time during the period of administration after notification of the parent/guardian.

I hereby request and give my permission to the Therapeutic Recreation Unit staff of the Conejo Recreation and Park District to administer the medication specified above to my child. I understand that this service is an accommodation for me and I will not hold the Conejo Recreation & Park District, its officers, employees and agents liable for either the proper or improper administration of doses, times, dates or for any adverse effect of the medication given.

Parent/Guardian Signature

Date