City of San Mateo Parks & Recreation

Permission for Administration of Medication

Child's Name:_____ D.O.B._____

Program Child is enrolled in:_____

Parent Instructions:

1. All prescriptions and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and non-prescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and non-prescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting City staff to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

| Child's Name: | |
|---|---|
| Medication Name: | Dosage: |

I_____ have identified that this medication must be administered during the program
(Parent/Guardian print name)
hours that _____ is enrolled in and in such I authorize City of San Mateo personnel to assist in the
(Print child's name)
administration of medications described above to the child named above for the following medical condition/s:

From _____to_____ at_____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

| | |
|---|---|
| Parent/Guardian signature | Date |

## MEDICATION CHART

**Staff Documentation of Medicine Administration**

| | | |
|---|---|---|
| Date: | Time Given: | Staff Signature: |
| Date: | Time Given: | Staff Signature: |
| Date: | Time Given: | Staff Signature: |
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| Date: | Time Given: | Staff Signature: |

**Upon completion, return medicine to parent or destroy, and place form in child's record.**

| Staff: | Date: |
|---|---|