

# City of Roseville Parks, Recreation, and Libraries

## Consent for Administration of Medications and Medication Chart

Written consent must be provided from the participant's parent/legal guardian and physician, permitting the City of Roseville Parks, Recreation & Libraries Department, including but not limited to its officers, agents, employees, and volunteers (hereinafter "staff") to administer medications to any participant of a City of Roseville Parks, Recreation & Libraries program.

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.

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. It is the parent/legal guardian's responsibility to ensure that all medication shall be identified with the participant's name, dated, and be stored in the original bottle/packaging with an unaltered label. The parent/guardian shall also ensure that medications requiring refrigeration be properly stored.

The first dosage of any medication must be taken by the participant on a date prior to any participation in a City of Roseville program to assure the participant does not have negative reactions. 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. Any unused medication must be picked up by the parent/legal guardian immediately upon completion of the program.

The City of Roseville Parks, Recreation & Libraries Department does not assume responsibility for unauthorized medication taken independently by the participant.

### Part 1 - To be completed by participant's physician:

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage/frequency: \_\_\_\_\_

Potential side effects: \_\_\_\_\_

I hereby authorize City of Roseville 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 participant identified above.

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Part 2 – To be completed by parent/legal guardian:**

I agree to release, defend, indemnify and hold harmless the City of Roseville, its officers, agents, employees and volunteers from any claims, suits, or actions, brought forth, or on account of, injuries to or death of any person, damages, 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 herein. This provision shall be broadly construed.

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Parent/Legal Guardian Name

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Telephone

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Parent/Legal Guardian Signature

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Date

# Medication Chart

## Staff Documentation of Medication Administration

Participant Name: \_\_\_\_\_

[illegible]