



**City of Coronado
Recreation Services
Medication Authorization Form**

I, the undersigned, am the parent/legal guardian of the following named child (“CHILD”) who is attending a program (as provided in the attached Participation Information Form) presented by the City of Coronado Recreation Department (“DEPARTMENT”):

Child’s Name

Birth date

I hereby request and authorize DEPARTMENT personnel authorized by the Director of Recreation Services to store the CHILD’s medicine or to assist the CHILD in administering medicine in accordance with the physician’s directions attached to this document.

I am solely responsible for providing to the DEPARTMENT the medicine in the prescription/manufacture’s container (or in the case of Epi Pen in a zip lock bag) labeled with: (1) the CHILD’s name, (2) the prescribing physician’s name, and (3) the dose/amount of the medication to be administered. I am solely responsible for advising the City if there are changes in the directions as outlined in the Physicians Direction Form.

I hereby agree to indemnify, defend and hold harmless the City of Coronado, its elected and appointed officers, officials, agents, employees and volunteers from and against any and all causes of action, claims, liabilities, obligations, judgments, losses, or damages, including reasonable attorney’s fees and costs of litigation (“claims”) arising out of, or in connection with, assisting the CHILD in administering the medication in accordance with the physician’s directions attached to this document, excepting only loss, injury, damage or cost that arise out of the City’s intentional wrongful acts, City’s violations of law, or the City’s sole active negligence. This provision shall not be limited by any provision of insurance coverage that I may have in effect, or may be required to obtain and maintain, as part of the CHILD’s participation in the recreation program. This provision shall survive the expiration or termination of this Medication Authorization Form.

Parent/Guardian Printed Name:		
Parent/Guardian Signature:		Date:
Mailing Address:	City and State:	Zip Code:
Home/Work Phone Number:	Cell Phone Number:	Email Address:



Must be turned in with Physician Directions Form
City of Coronado
Recreation Services
Physician Directions Form

I, the undersigned, am a physician licensed to practice medicine in the State of California and in possession of the following currently valid California Medical License.

I am the physician for: _____ (“CHILD”)
 Child’s Name

I have prescribed medication for the CHILD who has been instructed in the proper manner for self-administering the medication. In my professional opinion, the CHILD may carry and use this medication him/herself. The following are directions for staff to administer the medication to the CHILD, if required:

Name of Medication	Method of Administration/Dosage	Time of Day	Discontinue on (date)

Provided below are directions for assisting the CHILD in administering the above Medication (observe, measure, precautions, storage, etc.)

Name of Medication	Method of Administration/Dosage	Time of Day	Discontinue on (date)

Provided below are directions for assisting the CHILD in administering the above Medication (observe, measure, precautions, storage, etc.)

 Print Name of Physician

 Telephone Number

 Physician’s Signature

 Date

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