

CITY OF LYNNWOOD YOUTH PROGRAMS
MEDICATION AUTHORIZATION
(Only one medicine per form)

The above named child required medication, which must be taken during activity hours. Failure to receive this medicine will result in his/her being unable to participate in your program. The medicine does not require any judgment on the part of the youth programs staff. Only one weeks supply of medication may be kept at the office at a time. It must be in a prescription bottle labeled by the pharmacists of physician. The label must include: child's name, drug name and dosage, administration (i.e. 1 pill every four hours).

A parent and physicians signature is required.

Parental Authorization

I authorize the City of Lynnwood Youth staff to supervise my child in taking the above medication in the dosage and at the times indicated.

Child's name: _____ Date of birth: _____ Date: _____

Medicine name: _____ Dosage: _____

Date administration of medication to end (1 year maximum): _____

Special instructions: _____

Parent or Legal Guardian

Date Signed

Parents phone number: _____

Physician's /Dentist's Authorization

Child's Name: _____ Date: _____

Medicine Name : _____ Dosage: _____

Date administration of medicine to end: _____

List any reactions which should be reported and any restrictions, either physical or dietary, we should be aware of: _____

Physician/Dentist Signature

Name (Please Print)

Date Signed

Physician's phone number: _____

Please return this form to:

Wendy Hough, Recreation Supervisor

City of Lynnwood Parks, Recreation & Cultural Arts Department

18900 44th Ave. W. Lynnwood, WA 98036 (425) 670-5386