**New Port Richey Parks and Recreation Department**

**Personal Health Information – Medication and medical Authorization Form**

**Child’s Name:**   **Age:**   **Gender:**

**Address:**  **City:**  **Zip:**

**Parent/Guardian Name:**

**Emergency Contact:**  **Phone:**

**Child’s Physician:**  **Phone:**

**Medication(s) child is taking:**

**Name:**  **Dosage:**

**Name:**  **Dosage:**

**Name:**  **Dosage:**

**Special instructions, allergies, or information that staff should be made aware of:**

* **Medicine must be packaged in original container and labeled with daily dosage and time to be taken**
* **Medicine should be clearly labeled with child’s name**
* **Medicine cannot be stored overnight**
* **Medicine cannot require refrigeration**
* **The staff cannot administer eye or ear drops**

**As the parent/guardian of the above named child, I understand that the City of new Port Richey will not and cannot be responsible for any lost, damaged, or broken medicine containers. It is the parent’s responsibility to pick up and remaining medicines daily or they will be destroyed. I hereby give consent for the City of New Port Richey Parks and Recreation Department staff to administer medication to my child as prescribed according to the above instruction.**

**Parent/Guardian Signature:**

***Parent keeps pink copy, white copy is retained for files, and yellow copy is for field trip book***