



# PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES

City of Antioch Recreation Department | 4703 Lone Tree Way | Antioch, CA 94531 | 925-776-3050

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Program / Class \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

Asthmatic:  Yes  No Allergies/ Food Restrictions :  Yes  No

Allergic Reactions, Signs & Symptoms to Look For \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications :  Kept at site  Brought Daily and Delivered to Instructor

Name of Medication(s) \_\_\_\_\_

Form: (liquid, pill, etc) \_\_\_\_\_

All medications, prescription and over the counter, must be provided to City of Antioch Recreation Department staff in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons or other instruments for the medication's administration. The medication dosage must be completed below in the INSTRUCTION section. If additional instructions are required, please attach another sheet.

**INSTRUCTIONS:** Parents/Guardians - *Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms of a medical condition. You must confirm these steps with your child's physician or health care provider. By providing these instructions, you are consenting to staff's ASSISTANCE with medical treatment of your child.*

*For Example: 1. Administer Epi-pen 2. Administer 2 teaspoons of liquid Benadryl 3. Call 911 4. Call Parents*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_