



SECTION 1 TO BE COMPLETED BY THE PARENT/GUARDIAN

Each medication requires a completed authorization form.

_____ Name of Student	_____ DOB	_____ Program and Rec Center Location
_____ Name of Medication	_____ Dosage	_____ Time to be Given

**Dosage & Time must align with manufacturer’s instructions on the bottle for non-prescription (unless provided written instruction by licensed health professional) and/or the Rx label on the prescription or from a physician signed plan*

MPRB Instructions

1. The medication provided must be supplied in the original prescription container, properly labeled with the child’s name, physician name, dates, and the amount and frequency of dosage. It is also the responsibility of the parent to note the expiration date and provide new medications prior to expiration.
2. Authorization must be signed by the parent or legal guardian.
3. It is understood that the request is being made for Minneapolis Park and Recreation Board (MPRB) staff to undertake the administration of the medication, and that such staff are not medical professionals. Staff will make every effort to ensure that medication is administered in an appropriate manner.

If a child is prescribed oral or topical medication which must be taken during MPRB hours, instructions in writing must be provided by a physician or dentist to MPRB staff. Written permission on MPRB medication form must also be given by a parent. Permission is also needed for “over the counter” medication such as cough syrup or allergy medicine. Over the counter medication must be in original container and labeled with child’s name. There may be times when personnel able to administer the appropriate medication is not on staff and in such cases, 911 will be called. Parent/Guardian shall be responsible for all costs associated with the calling of 911 by MPRB staff, including but not limited to the cost of responding emergency workers and any transport of the child. I understand that there is inherent risk in having non-medical personnel undertake the administration of medications and procedures, and accept the risks associated with this request.

Additional information regarding epinephrine medications.

1. An acute allergic reaction can be a life-threatening situation. Completion of this form in its entirety is vital so that the epinephrine can be administered, and emergency care implemented.
2. If the student experiences an acute allergic reaction, MPRB personnel will dial 911 while staff administers epinephrine. Parent/guardian will be notified. Parent/Guardian shall be responsible for all costs associated with the calling of 911 by MPRB staff, including but not limited to the cost of responding emergency workers and any transport of the child.
3. Epinephrine sent to MPRB must be labeled by a registered pharmacist with the name of the medication, the dose, the name of the health care provider, the name of the student and directions for administration.
4. MPRB personnel must review and approve this form prior to administration.

By signing this form, I give MPRB staff permission to administer the above named medication.

Date: _____ Parent/Guardian Signature: _____

