

REQUEST FOR MEDICATION



I request that my child, _____ be allowed to take the following prescribed medication(s) while participating in adventures with the City of Albuquerque's Outdoor Recreation Section. I understand my child must be able to administer his or her own medications. An Adventure Leader will carry the medication during the trip. The Adventure Leader will provide the medication described below at the appropriate time.

All medications must be contained in the original pharmacy packaging!

() ***** Check here if your child has NO medications to be dispensed during adventure

(1) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(2) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(3) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(4) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

Authorization

I authorize adventure leaders to carry and provide the above listed medications at the proper time with the dose prescribed.

Parent/Guardian Signature _____ Date _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

RETURN TO: 1801 4TH ST NW
87102-1425



Martin J. Chávez, Mayor
City of Albuquerque

City of Albuquerque

Parks and Recreation Department



Jay Hart, Director
Parks and Recreation

Outdoor Recreation Section

1801 4th St. NW, Building A
Albuquerque, New Mexico 87102
(505) 768-5349

Authorized Sign-Out Form

Participant's Name: _____
Last First MI

Parent/Guardian's Name: _____
Last First MI

Parent/Guardian Phone Number: _____
Please give us the best number to contact you DURING this event.

Alternate Phone Number: _____

In case I cannot be present, the following people have my permission to sign out and/or pick up my child from the Outdoor Recreation Adventure at the scheduled time of return. A picture ID must be shown to the Adventure Leader.

1. _____
Last First MI Relationship

Phone Number

2. _____
Last First MI Relationship

Phone Number

3. _____
Last First MI Relationship

Phone Number

Parent / Guardian Signature: _____
Date

➡ Please return this form to Outdoor Recreation.