REQUEST FOR MEDICATION

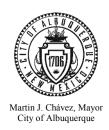


I request that my child, ______ be allowed to take the following prescribed medication(s) while participating in adventures with the City of Albuquerque's Outdoor Recreation Section. I understand my child must be able to administer his or her own medications. An Adventure Leader will carry the medication 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	O 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		
Au	thorization	
I authorize adventure leaders to carry and prothe dose prescribed.	ovide the above listed medications at the proper time with	
Parent/Guardian Signature	Date	
Home Phone () Work Phor	ne () Cell Phone ()	

RETURN TO: 1801 4[™] ST NW 87102-1425



City of Albuquerque





Outdoor Recreation Section

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

Authorized Sign-Out Form

articipant's Name: _			
	Last	First	MI
arent/Guardian's N	ame:	First	MI
	Last	First	MI
arent/Guardian Pho	one Number:	est number to contact you DURING this	
	Please give us the b	est number to contact you DURING this	s event.
Alternate	Phone Number:		
utdoor Recreation Aceader.	dventure at the scheduled	time of return. A picture ID m	out and/or pick up my child from the nust be shown to the Adventure
1.	First	MI	Relationship
Last	THSt	1V11	Relationship
Phone Number	er First	M	D.1.(: 1:
Last	FIRST	MI	Relationship
Phone Number	er		
3.	T		D 1 .: 1:
Last	First	MI	Relationship
Phone Number	er		
Parent / Guardi	an Signature:		
			Date