

**Written Order for Medication
by the prescribing practitioner**

for Boulder Parks and Recreation EXPAND program 303-441-3416

A physician's signature is required for participants needing medications administered while at Outdoor Adventure Camp. Prescription and non-prescription (over-the-counter) medications for headaches, eyes or ears, all oral medications, topical medications, inhaled medications, and emergency injections must all be noted.

Participant Name: _____

Physician Name (please print): _____

Physician Signature: _____ Phone Number: _____

Address: _____ Date: _____

<u>TIME</u>	<u>MEDICATION</u>	<u>DOSAGE</u>	<u>IMPLICATIONS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special instructions or additional information regarding medications:

Medication must be in original, labeled pharmacy bottle.
It is understood that the medicine is administered solely at the request of and as an accommodation to the undersigned parent(s) or guardian(s). In consideration of the acceptance of the request to perform the service by personnel employed by the City of Boulder Parks and Recreation EXPAND program, the unsigned hereby agree to release the City of Boulder and its officers, agents, servants, and employees from legal claims which they now have or may hereafter have arising out of the administration of (or failure to administer) the medication to the participant.

Parent/Guardian Signature: _____ **Date:** _____