



# Youth Medical Information

2018

**Participant's Name:** \_\_\_\_\_

Please list any relevant information staff needs to know. (asthma, ADHD, diabetes, seizures, etc:)

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Is the participant allergic to any medications or foods? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, please list)

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If your child requires daily medication please provide the **Medication Information** below.

Name of Medication: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage Prescribed: \_\_\_\_\_

When it needs to be administered: \_\_\_\_\_

How it needs to be administered: \_\_\_\_\_

Refrigeration Required: \_\_\_\_\_ Yes \_\_\_\_\_ No

LLELA/City of Lewisville staff are not able to administer medication, but can store it until your child needs it. If you send medication with your child, you are giving permission for your child to administer it him/herself.

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## Medical Waiver

All medication must be in proper prescription bottle(s) with the instructions for the administration of the medicine on the label. If there are any changes in the dosage, time, frequency or administration of the medication, it is the participants'/parents'/guardians' responsibility to inform the staff in writing. The undersigned acknowledges that instructions on the pharmaceutical container are accurate.

IF YOU DO NOT ALLOW PERMISSION FOR THE ABOVE STATED PROCEDURES, MEDICATIONS WILL NOT BE DISPENSED WHILE PARTICIPANT IS ATTENDING LEWISVILLE PARKS AND RECREATION PROGRAMS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_