

City of Benicia
Benicia Police Department Youth Citizen Academy

MEDICATION PERMISSION FORM

Benicia Police Department staff will only administer prescription medications from the original containers.

I GIVE MY PERMISSION FOR THE STAFF OF THE BENICIA POLICE DEPARTMENT YOUTH CITIZEN ACADEMY PROGRAM _____ **(initial)** TO ADMINISTER THE FOLLOWING MEDICATION TO:

Child's Name _____

Medicine _____

Amount/Dosage _____

Time(s) of Day _____

Beginning Date _____ Ending Date _____

Does medication need to be refrigerated? _____

Is it important to give the medication before or after a meal? _____

Prescribing Physician's Name _____ Phone _____

Possible side effects: _____

Special Instructions: _____

Parent/Guardian by signing this document warrants that the information provided above is accurate and expressly waives on behalf of himself/herself and the child any right to bring a lawsuit against the City of Benicia, its employees, officers, or agents, for damages arising out of the dispensing of prescription medication by City staff consistent with the information provided.

Parent/Guardian Signature

Date

Accepted by: _____ Date _____