



MEDICINE LOG AND ADMINISTRATION SHEET

DATE FORM COMPLETED: _____ COMPLETED BY: _____

Medical and emergency treatment information is provided on this form. This form is for use by City of Irvine staff only. All information provided has been obtained by the parent or guardian of the child/participant. This form should be kept with medication at all times while in the City's possession.

1. PERSONAL INFORMATION AND EMERGENCY CONTACT

PARTICIPANT NAME	DATE OF BIRTH*
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1. PRIMARY CONTACT	RELATIONSHIP	PHONE*
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2. ALTERNATIVE CONTACT	RELATIONSHIP	PHONE*
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LIST PROGRAM/CLASS/ACTIVITY PARTICIPANT IS REGISTERED IN:

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MEDICINE ADMINISTRATION LOG

Is medication kept by the City while Participant is registered? YES NO

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2. MEDICAL/ALLERGY INFORMATION

KNOWN LIFE THREATENING ALLERGIES OR DIAGNOSED MEDICAL CONDITIONS

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MEDICINE LOG AND ADMINISTRATION

SYMPTOMS OR ADDITIONAL INFORMATION SPECIFIC FOR THIS CHILD

I understand that I, _____ the parent/guardian of _____, am responsible to ensure that:

PARTICIPANT

- I have completed the online City of Irvine Participant Permission and Medical Form.
- I have reviewed administration of medicine documented on Medicine Log and Administration Sheet with program staff responsible for Participant prior to the first program/class/activity meeting.
- I have provided non-expired medicine to the Community Services Department or to Participant to carry at all times while registered in the City program.
- I am responsible for picking up all medication at the end of each program day.

I, the undersigned, parent/guardian of _____, allow the City of Irvine staff to possess medication and provide to _____ for administration. I acknowledge that City of Irvine staff will monitor the self-administration of medication and only administer medicine in the case of an emergency or event that is required by my child/participant. I, on behalf of myself and my child and our heirs, successors and assigns, agree to hold harmless, release, indemnify, and defend the City, and its respective officers, employees, agents, representatives, sponsors, volunteers, successors, and assigns from any and all liabilities, losses, damages, claims, costs, demands or causes of action arising out of or related to my child's participation in the program(s) howsoever caused, whether caused by action or active or passive negligence and whether caused by City, my child or any other individual or entity.

PARTICIPANT

PARTICIPANT

PARENT/GUARDIAN SIGNATURE DATE

CITY REPRESENTATIVE SIGNATURE DATE

PRINT NAME

PRINT NAME