



PARKS, RECREATION AND COMMUNITY SERVICES  
DEPARTMENT

(310) 253-6645

FAX (310) 253-6649

CITY OF CULVER CITY

4117 OVERLAND AVENUE, CULVER CITY, CALIFORNIA 90230

DAWN BEAL  
Recreation Supervisor

**AUTHORIZATION TO DISPENSE MEDICINE**

I authorize the City of Culver City Staff to administer the following medicine(s) to my child:

Student Name: \_\_\_\_\_

Name of Medicine(s): \_\_\_\_\_

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

At the following times: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_

**All medication (prescription or over the counter) MUST not be expired and MUST be in the original bottle or we can not administer it.**