



Medication Dispensing Authorization Form

Name of Participant: _____

Name of Medication	Dosage	Time of Day to Administer	Administered how? <i>(ie) 2x daily, with food, etc.</i>	Time Period	
				From	To
		AM <input type="checkbox"/> PM <input type="checkbox"/>			
		AM <input type="checkbox"/> PM <input type="checkbox"/>			
		AM <input type="checkbox"/> PM <input type="checkbox"/>			
		AM <input type="checkbox"/> PM <input type="checkbox"/>			

Additional information:

- Medication Location (check one): To be kept at Camp for week Sent home daily
- Medication Storage (check one): Room temperature Refrigerate

Permission to self-carry and self-administer: IF this medication is: 1) indicated for emergency administration to treat a disease/medical condition, and 2) in your professional opinion as a health care provider, it would be appropriate for the student to carry and self-administer, and 3) the child has received instruction on how and when to administer.

I, _____ (print name of parent/guardian), hereby authorize administration of the above medication(s) to my child by the Brownsburg Parks staff and understand the following:

This authorization is valid only for this current program. This form must be completed in full for the Brownsburg Parks staff to administer medication to your child. A new medication administration form must be completed at the beginning of each program, for each medication, and each time there is a change in dosage or time medication is given.

- All medication must be in the original container with the student's name and current dosing information on the label.
- Non-FDA approved medication will not be dispensed during program hours. This includes, but is not limited to, vitamins, essential oils and homeopathic medications.
- A doctor's note is required if the medication is over the counter and given at a dose higher than listed on the label or for permission to self-carry and self-administer at school for chronic medical conditions

Signature: _____ Date: _____

MEDICATION CHECK-IN			MEDICATION CHECK-OUT		
DATE	TIME- IN	INITIALS	DATE	TIME- OUT	INITIALS

