



## Medication Dispensing Authorization Form

Name of Participant: \_\_\_\_\_

Name of Medication	Dosage	Time of day to administer	Administered how? (e) 2x daily, with food, etc.	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 on site  Sent home daily **Medication Storage** (check one):  Room temperature  Refrigerate

**Permission to self-carry and self-administer:** ONLY 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 is 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 Explorer Extended Care staff and understand the following:

*This authorization is valid only for this current program. This form must be completed in full for the Explorer Extended Care 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

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



