

### Medication Dispensing Information

This form must be completed for each program session or when medication changes. Please fill out and return if applicable. If your child does not need any medication during camp hours than this form is not required.

#### BACKGROUND INFORMATION:

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### MEDICATION INFORMATION:

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

#### MEDICATION INFORMATION:

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

(Revised April 2011)

