

After School / Summer Central Medication Request Form

(To be completed only if your child requires prescription or over the counter medication at ASP or SC)

This form must be completed whenever a child attending ASP or SC is required to take a prescription or nonprescription medication at the program. No medication will be dispensed without a completed and signed copy of this form on file in the Program Director's office. All prescription and nonprescription medications must be hand delivered by the child's parent.

Prescription Medications: Prescription medications must be in a container labeled by the pharmacy or physician with the child's name and expiration date clearly noted. The child may receive medication only according to the written instructions of the health practitioner or the instructions on the label of the container. *A parent signature is required below.*

Non-Prescription Medications: A licensed health practitioner must approve the medication and dosage of all nonprescription medications. *A licensed health practitioner and parent signature is required below.*

Name of Child: _____

Medication: _____

Time to be given: _____ Dosage: _____

Start date: _____ Stop Date: _____

Additional Directions: _____

Please note instructions for the medication if they are different from instructions on the label:

Please note any side-effects of this medication: _____

Please note any reasons or conditions when this medication should be stopped or NOT given:

Printed Name of Health Practitioner: _____

Practitioner Phone Number: _____

(Required for ALL medications)

I authorize the After School Program staff to administer the above named medication to my child.

Parent Signature

Date (form valid one yr from this date)

(Required only for NON-prescription medications)

Signature of Health Practitioner

Date (form valid one yr from this date)