

## Administration of Medication

Students Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ SY/SUM \_\_\_\_\_

Parents/guardians requesting Community Ed staff to give **any** medication to their child must provide written permission each season. Medication will not be administered without signatures by the child's licensed health care provider and the parent/guardian. The medication must be provided in the **original, labeled container**. *(You are able to request prescription medication be divided in two bottles completely labeled - one for home and one for school.)*

<b>PHYSICIAN/LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION BY COMMUNITY ED STAFF</b>					
<i>To be completed by physician/licensed prescriber</i>					
Medication	Dose in mg	Frequency	Route	Medical Condition	Other Info
Print Name of Physician/Licensed Prescriber				Clinic Name	
Phone			Fax		
Signature of Physician/Licensed Prescriber <i>(required)</i>				Date	

<b><u>Parent/Guardian Authorization</u></b>
<ol style="list-style-type: none"> <li>1. I request that the above medication/s be given at KIDS Club/WISE Guys as ordered by my child's physician/ licensed prescriber.</li> <li>2. I give permission for my child to carry the above medication in their backpack. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____</li> <li>3. I request that the above medication be sent on field trips. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____</li> <li>4. I will notify KIDS Club/WISE Guys if medication is stopped or changed.</li> <li>5. I give permission for the medication/s to be administered by KIDS Club/WISE Guys personnel <b>(not a licensed nurse.)</b></li> <li>6. Legally I may refuse to sign this form. If I refuse to sign, KIDS Club/WISE Guys will not be able to administer the prescribed medication.</li> <li>7. This consent may be revoked at any time by sending a written notice to KIDS Club/WISE Guys.</li> </ol>
<p>_____</p> <p><b>Parent /Guardian Signature</b> <span style="float: right;"><b>Date</b></span></p>

<b><u>Permission for Release of Information</u></b>
<ol style="list-style-type: none"> <li>1. I give permission for the KIDS Club/WISE Guys staff to communicate, as needed, with school staff about my child's medical condition/s and the action of the medication/s.</li> <li>2. I give permission for the KIDS Club/WISE Guys staff to contact my child's physician/licensed prescriber regarding questions about the above listed medication/s or medical condition/s being treated by medication/s.</li> </ol>
<p>_____</p> <p><b>Parent /Guardian Signature</b> <span style="float: right;"><b>Date</b></span></p>



To Whom It May Concern:

I acknowledge that by signing this form, I am allowing my child's medications, listed below, to be shared between Countryside's Health Office and Countryside Kids Club for the 2023-2024 school year. I give permission for these medications to be checked out for field trips, or Non-School Days at another site and signed back in once returned to school. I understand that I may change my choice at any time by contacting Countryside Kids Club.

I give permission for the following medication(s) to be shared:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*This form will only be valid during the school year it is completed for\*