



little **Chargers Childcare & Charger Kids Club**

REQUEST FORM FOR ADMINISTRATION OF **PRESCRIPTION MEDICATION**

During Charger Kids Club/ Little Chargers Childcare

Parents or Guardians of children requesting that medication be administered during Charger Kids Club/ Little Chargers hours by a Site Supervisor or trained individual are required to provide for Charger Kids Club/ Little Chargers: 1) a Physician's order for administration or 2) a parental request for the administration of medication.

Parent/Guardian complete the following information.

Name: _____ Grade: _____ Birthdate: _____

Childcare Site: _____

Parent/Guardian Name: _____

Home Address: _____

Description of Health/Medical Concern or Allergy: _____

Is this health/medical condition or allergy life threatening? Yes or No

What triggers (if any) are associated with your child's health/medical concern or allergy?: _____

Best techniques to avoid an allergy reaction: _____

Symptoms of an allergic reaction specific to your child: _____

Procedure for how to respond to allergic reaction or health/medical concern: _____

Physician's order for administration of medication

by Charger Kids Club/ Little Chargers Childcare

I have prescribed the following medication for this child and request the dosage given during Charger Kids Club/ Little Chargers hours be administered by the Site Supervisor or trained individual.

Diagnosis: _____ Medication: _____

Dosage and time: _____

Physician's Name (print): _____

Physician's Signature: _____

Physician's Address: _____ Phone: _____

Parental request for administration of medication

I request this medication be given as prescribed. I release Charger Kids Club/Little Chargers Childcare personnel from any liability in relation to the administration of this medication at Charger Kids Club/ Little Chargers. I authorize the exchange of information regarding these medications between the clinic and the Charger Kids Club/ Little Chargers for the duration of the year. Medication provided to the site should be provided in the ***original container, labeled with your child's first and last name, and not expired.***

Parent/Guardian Signature: _____ Date: _____

Diagnosis: _____

Name of Medication: _____

Administering Instructions: _____

Dosage and time: _____

Physician's Name (print): _____

Physician's Address: _____ Phone: _____