



PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

I REQUEST THAT THE Administrative Assistant or designated Boys & Girls Club employee see that my child, _____, receives medication as directed from _____, 20____ until _____, 20____.

Check one:

() at _____(time of day) each day **OR**

() as needed _____
(Indicate time, how often and for what symptoms)

Name of Medication _____ Dosage _____ # of Pills _____

Reason for giving _____ Prescription No. _____

Prescribing Physician's Name _____ Physician Phone No. _____

Check one:

- () This prescription medication is furnished by me. It is in its original container. It is labeled with the pharmacy label which includes my child's name, prescription number, name of medication, dosage, and number of times a day to be administered
- () This is an over-the-counter medication. It is in its original container. The date, time to be given and the amount to be given are entered above. I have labeled the bottle with my child's name

Please initial each of the boxes below after reading the corresponding statement:

- I understand that all medications must be brought to the Membership Office where they will be kept in a locked area. Members must take medication in the Membership Office. The Boys & Girls Club personnel will not be responsible for any reaction to medications given according to the above directions.
- I understand that the above considerations are important for safe administration of medication at the Boys & Girls Club and are required by the Arizona Board of Pharmacy and the Arizona Board of Nursing.
- My child must have this medication during the time that he/she is at the Club and I cannot make arrangements for the medication schedule at home.
- The Boys & Girls Clubs of Greater Scottsdale assumes absolutely no responsibility for the dispensing of this medication. The undersigned acknowledges that they are aware that the person who is dispensing medication is a member of the staff of the Boys & Girls Clubs of Greater Scottsdale and has no medical training.
- Should the child be taken off of medication or should the dosage or type of medication change, it shall be the parents' responsibility to notify the Scottsdale Boys & Girls Clubs, Inc. in writing of said change.

of Pills Provided _____ Parent's Signature _____ Date _____

Parent's Home Phone _____ Work Phone _____

School _____ Staff Signature _____