



AFTERSCHOOL CLUB MEDICATION AUTHORIZATION FORM

Medications cannot be administered at any Afterschool Club program without a doctor's written order and a written request from the parent or guardian.

Afterschool Club Site: _____ **School:** _____

Child's Name: _____ **Birth Date:** ____/____/____

Parent/Guardian Name: _____

Address: _____

Home Phone: _(_____) **Work Phone:** _(_____)

The following information is to be completed by THE PHYSICIAN:

Medication (1): _____ **Dosage:** _____

Time interval to be taken: _____ **Duration:** _____

Possible side effects: _____

Condition for which medication is being given: _____

Must this medication be administered during the program day in order to allow child to attend the program or to address the child's medication condition?

Yes No

Medication (2): _____ **Dosage:** _____

Time interval to be taken: _____ **Duration:** _____

Possible side effects: _____

Condition for which medication is being given: _____

Must this medication be administered during the program day in order to allow child to attend the program or to address the child's medication condition?

Yes No

Medication (3): _____ **Dosage:** _____

Time interval to be taken: _____ **Duration:** _____

Possible side effects: _____

Condition for which medication is being given: _____

Must this medication be administered during the program day in order to allow child to attend the program or to address the child's medication condition?

Yes No

Physician's Signature: _____ **Office Phone:** _(_____)

Physician's Name: _(PRINT)_____ **Date:** _____

TO THE PARENT / GUARDIAN

All medications to be taken at Afterschool Club must be provided to the site staff by the parent or another responsible person. All medication must be in a container appropriately labeled by the pharmacy with the student's name, date, physician name, name of medication, and the time interval in which medicine is to be taken. As the parents/guardians I hereby request and grant permission for Afterschool Club staff to administer the above prescribed medication(s) to my child during the program day. As the parent/guardian, I agree that JLR Enterprises, Inc. and Afterschool Club, its employees shall incur no-liability, except for willful and wanton conduct as a result of any injury arising from a child's medication or the medication's storage by Afterschool Club and agents, against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication or the storage of the medication by program personnel. Nothing in its policy shall prohibit any JLR, Enterprises, Inc. or Afterschool Club employee from providing emergency assistance, including administering medication. I acknowledge I received, understand and agree to Afterschool Club's Dispensing of Medication Policy.

Legal Guardian Signature: _____ **Date:** _____