



# AFTERSCHOOL CLUB MEDICATION AUTHORIZATION

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 medications must be in a container appropriately labeled by the pharmacy with the child's name, date, physician name, name of medicine, and the time interval in which medicine is to be taken. As the parent/guardian, 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 LUCO EDUCATION PARTNERS, INC./Afterschool Club 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 personnel. I also agree that as the parent/guardian I indemnify and hold harmless LUCO EDUCATION PARTNERS, INC./Afterschool Club, its employees 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 LUCO EDUCATION PARTNERS, INC. / Afterschool Club employee from providing emergency assistance including administering medication. I acknowledge that I received, understand, and agree to Afterschool Club's dispensing of medication policy.

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_