



Alamogordo Family Recreation Center

YOUTH MEDICATION ADMINISTRATION REQUEST FORM

Note: Administration of any medication (prescription and/or over the counter) requires prior authorization by the program supervisor. All medication must be officially checked into the Youth Office and received in its original packaging.

The "Participant and Medication Information" section will need to be filled out for each individual medication. Please see the staff if you need multiple forms.

PARTICIPANT AND MEDICATION INFORMATION			
PARTICIPANT'S NAME (as it appears on the label):			DOB:
<input type="checkbox"/> PRESCRIPTION	<input type="checkbox"/> NON-PRESCRIPTION	START DATE:	END DATE:
NAME OF MEDICATION AS IT APPEARS ON LABEL:			
EXPIRATION DATE:			
ADMINISTRATION SCHEDULE and DOSAGE:			
SPECIAL INSTRUCTIONS (E.G., TAKE WITH MEALS, DRINK PLENTY OF WATER, ETC.):			
POSSIBLE SIDE EFFECTS:			

GENERAL MEDICAL INFORMATION FOR PARTICIPANT	
FAMILY DOCTOR:	PHONE NUMBER:
INSURANCE CARRIER:	

I hereby request permission for the administration of the medication listed above by program staff while enrolled in this youth program. I verify that the information provided above is accurate/current. I have read program medication policies and have completed the general medication information included in the registration packet. I also understand that I must notify program staff of any changes to the information on this form. I understand that the information included on this form is personal and confidential. The use of this form is for the proper care/attention to the health and safety of the minor participant while enrolled in Alamogordo Family Recreation Center activities.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date