AUTHORIZATION TO GIVE MEDICATION

Medication time schedules should be set so that, when possible, medicine is taken at home rather than at an activity. However, if medication must be given during an activity, this form must be completed.

Please complete

Child's Name _____ Birth date _____

I request that the RC Activities, Inc. volunteer assist in administering the following medication to my child. I understand that:

- **Prescription medications must be authorized with a physician signature at the bottom of this form. Prescription medications will NOT be administered without physician consent.**
- **Over the counter medications require parent authorization only.**
- Medications must be in the original labeled container (no baggie, foil, etc.). Pharmacists can provide a duplicate labeled container.
- Parent/guardian must provide the medication, related equipment required and specific instructions. The student may NOT bring these materials to camp or RC Activities, Inc. activities.
- Medication changes or dosage changes must be noted on a NEW medication authorization form. It is the responsibility of the parent/guardian to inform the RC Activities, Inc. Club Volunteer of any changes.
- New medication or dosage changes will not be given unless a newly labeled container is provided.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.
- Medication will be administered as follows:

Name of Medication _____

Dose _____ Administration Time(s) _____

Route (by mouth, topical, etc.) _____ Stop medication on _____

Symptoms in which child may require medication as necessary _____

_____

Condition/Illness requiring medication _____

Additional equipment required for administration _____

Possible side effects _____

Physician's name _____ Phone _____

I authorize the administration of the above stated medication while following under these directions:

_____ _____

PARENT SIGNATURE (FOR ALL MEDICATIONS) Date

_____ _____

PHYSICIAN SIGNATURE (FOR PRESCRIPTON ONLY) Date

Mom's Name _____ Dad's Name _____

Mom's Cell/Home _____ Dad's Cell/Home _____

IN CONSIDERATION FOR RECEIVING PERMISSION TO PARTICIPATE IN THE ACTIVITIES OF RC ACTIVITIES, INC., I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, RC ACTIVITIES, INC., ITS OFFICERS, AGENTS, SERVANTS, EMPLOYEES OR VOLUNTEERS (HEREINAFTER REFERRED TO AS RELEASEES) FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, (INCLUDING, BUT NOT LIMITED TO DEATH OR INJURY ARISING FROM DISPENSING OF THE ABOVE MEDICATIONS BY RELEASEES TO THE ABOVE MEMBER) THAT MAY BE SUSTAINED BY ME, OR ANY CHILD OR GUARDIAN OF ME, OR ANY OF THE PROPERTY BELONGING TO ME, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, WHILE PARTICIPATING IN SUCH ACTIVITY, OR WHILE IN, ON OR UPON THE PREMISES WHERE THE ACTIVITY IS BEING CONDUCTED.

A Medication Authorization Form must accompany <u>each</u> medication

Please make additional copies as needed