



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.

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

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 general medication information included in registration packet. I also understand I must notify program staff of any changes to the information on this form. I understand the information included on this form is personal and confidential. The use of this form is for the proper care/attention to health and safety of the minor participant while enrolled in Alamogordo Family Recreation Center activities.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date