



Kid's Connection Before and After School Medication Dispensing Form

Background Information

Name of Child to Receive Medicine _____ Age _____ School _____

Parent/Guardian Name(s) _____

Primary Phone _____ Secondary Phone _____

Prescribing Physician Name _____ Phone _____

Medication Information

1. Name of Medication _____ Dosage _____ Time _____

Dispensing & Storage Instructions _____

Possible Side Effects _____

If there are additional details/notes that staff should know about this medication, please write on the back of this form or attach information to this sheet.

2. Name of Medication _____ Dosage _____ Time _____

Dispensing & Storage Instructions _____

Possible Side Effects _____

If there are additional details/notes that staff should know about this medication, please write on the back of this form or attach information to this sheet.

I understand it is my responsibility to give the medication directly to the Kids Connection Greenfield Park and Recreation Staff in its original prescription container or envelope clearly labeled with your child's full name and full dosage instructions. I understand medication can only be administered in the amount according to the label directions. In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I grant Kids Connection Greenfield Parks and Recreation staff to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with administering of medication to my minor child, I do hereby fully release or discharge the Kids Connection Greenfield Parks and Recreation staff from any and all claims from injuries, damages and losses I or my minor child may have arising out of, connection with, incidental to or in any way associated with the administering of the specified medication.

I hereby acknowledge that the above information provided for dispensing medication for my minor child, is accurate. I also understand that it is my responsibility to inform staff of any changes in the dispensing of medication. By signing below, I give Kids Connection Greenfield Parks and Recreation staff permission to dispense medication to the child listed above.

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____