



Authorization to Administer Medication

For children who need to take over-the-counter or prescription medications during BHCC programs, this form needs to be completed in entirety by a parent/ guardian *and* physician before any medication can be given by staff members, **even over-the-counter medications**. if the form is incomplete or not on file, the parent will need to return to the BHCC program to administer the medication regardless of the age of the child.

Parents, please complete this section.

The parent or guardian of _____ ask that the BHCC staff give the following medication _____ at _____ to my child, according to the health care providers signed instructions on the lower part of this form.

Prescription medications must come in the original container with the child’s name, name of the medication, time the medication is to be given, dosage, and the date the medication is to be stopped and a licensed health care provider’s name. Pharmacy name and phone number must also be included on the label. Ask your pharmacist for a separate medication bottle to be kept at the program location. Over-the-counter medications must be labeled with the child’s name. Dosage must match the signed health care provider authorization and medication must be packaged in the original container.

By signing this document, I give permission for my child’s health care provider to share information about the administration of this medication with BHCC staff.

Parent/ Guardian Printed Name: _____

Signature: _____ Date: _____

Cell Phone: _____ Work Phone: _____

Health Care Provider Authorization to Administer Medication at BHCC Program

Child’s Name: _____ Date of Birth: _____

Medication: _____ Dosage: _____

To be given at the following time(s) (be specific we cannot use “as needed”

Special Instructions: _____

Purpose of the medication: _____

Side effects that need to be reported: _____

Physician/ Health Care Professional Signature: _____

It is understood that the medication is administered at the request of and as an accommodation to the undersigned parents or guardians. In consideration of this acceptance of the request to perform the service by the BHCC personnel, the undersigned hereby agrees to the release of the BHCC from legal claims which they now have or may hereafter have arising out of the administration or failure to administer the medication to the participant.

Signature: _____ Date: _____

Any electronic signatures appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.