

**PARENT'S INSTRUCTION**

**Children receiving medication at JSV Camp & Youth Program must have:**

1. Parent must provide the program an original prescription bottle with medication name, date, child's name, prescribing physician, dosage and times to be given. Nonprescription medication must be in the original box.
2. The Medication Release Form must be completed in entirety with dosage and specific times.
3. Any medication which is to be given which is given for longer than two weeks must have the physician's written instructions as well as physician's signature in addition to parent's signature.

**Child's Full Name:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be Administered: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible side effects to watch for with this medication include: \_\_\_\_\_

Name and phone number of prescribing physician: \_\_\_\_\_

Date of Last Dose: \_\_\_\_\_

**I HERBY AUTHORIZE JSV CAMP & YOUTH PERSONNEL TO ASSIST IN THE ADMINISTRATION OF**

**THE MEDICATION DESCRIBED ABOVE FROM (Date) \_\_\_\_\_ UNTIL (Date) \_\_\_\_\_**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>DATE</u>	<u>TIME</u>	<u>DOSAGE</u>	<u>SIGNATURE OF STAFF ADMINISTERING MEDICATION</u>	<u>COMMENTS</u>