



MEDICATION DISPENSING INFORMATION

Participant Name: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name _____

Home Phone: _____ Cell Phone: _____

In case of Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Doctor's Name _____

Address: _____ Phone: _____

Pharmacy: _____ Phone: _____

Medication Prescribed	Dosage	Time to be given	Known Side Effects

REQUEST FOR AUTHORIZATION

I hereby request and authorize the administration of the following prescribed medication for my child _____, by a non-medically trained staff at Swanton Recreation,

Signature of Parent/Guardian: _____ Date: _____

