

Dispensing of Medication Information and Permission Form

To be filled out by parent/guardian or physician:

Name of Child: _____

Medication: _____ Dosage: _____

Form of Medication to be given is circled below:

tablet ointment capsule inhalation liquid

Other (specify): _____

Purpose of Medication: _____

Time to be administered: _____ a.m. _____ p.m.

Possible side effects: _____

Contraindications: _____

Termination Date for Administering: _____

Name of Physician: _____ Date: _____

Physician's phone number: _____

Other Instructions:

To be completed by Parent or Guardian:

I hereby give my permission for my child (named above) to receive medication during The Clapping Hands Farm Camp. This medication has been prescribed by a licensed physician. I will furnish this medication within a container properly labeled by a pharmacist with identifying information (e.g., name of child, medication dispensed, dosage prescribed, and the time to be given).

Signature of Parent or Guardian

Date

Parent or Guardian Phone Number