

## 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:

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