

GREAT FUTURES START HERE.



PRESCRIPTION MEDICATION DISTRIBUTION FORM*

*Please note, self-administration of any medication is not permitted at the Club. Members are not permitted to keep medication on their person or in their belongings.

Member Information	
Member's Name	
Parent/Guardian Name	
Contact Number	
Prescriber Authorization	
Name of Medication	
Reason for taking	
Dosage	
Frequency and times to be given	
Begin Medication (date)	
Stop Medication (date)	
Special Instructions	
Does medication require Refrigeration?	
Potential Side Effects/Contradictions/Adverse reactions	
Treatment order in the event of an adverse reaction	

Parent Authorization

I hereby authorize the Boys & Girls Club of Burbank and Greater East Valley to administer and assist my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage or frequency of the medication is changed. Medication must be in the original, unopened, sealed container and be properly labeled with the member's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate. No person who has been authorized by the parent and/or guardian to administer medication shall be held liable in civil damages for administering or failing to administer the drug, unless such person acts in a manner that constitutes gross negligence or reckless misconduct.

Parent Signature

Date