

Medication Dispensing Information

To be completed **ONLY** if a staff person will be dispensing medication to your child.
For prescription medications, a doctor's note must accompany this form.

Child's name _____

Complete the form in its entirety:

Participant's Name: _____ Age: _____

Parent's/Guardian's Name: _____

Daytime Phone: _____ Other Phone: _____

Doctor's Name: _____ Phone: _____

Medication Information:

1. Medication name: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Possible side effects: _____

2. Medication name: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Possible side effects: _____

Other Information:

I understand that it is my responsibility to give the medication directly to the camp leader with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Medication Dispensing Information form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Harlem Community Center if any changes in the dispensing of medication change.

Signature of parent or guardian

Date