



Medication Administration

The parent/guardian of _____ authorize Wellspring Community
(participant's name)

(WC) to administer the following medication _____ at _____.
(name of medication) (time)

The dosage of the medicine to be given is as follows _____ or, I authorize WC
(Dosage)

to keep the following medication _____ on the program premises and that WC is
(name of medication)

authorized to give this medication at a time and with a dosage that I will verbally authorize over the telephone.

Prescription medications must come in a pharmacy container labeled with participant's name, name of medicine, dosage, frequency of dosage and licensed health care provider's name. Pharmacy name and phone number must be printed on the label. Dosage authorized by parent/legal guardian may not exceed dosage instructed on medicine container. Please ask the pharmacist for a separate medicine bottle to keep at the program premises if that is needed.

Over the counter medications must be labeled. Medicine must be in the original container and participant's name must be written on the container and be clearly visible. Over the counter medications may include such things as Motrin, Aspirin, Ibuprofen, Tylenol, Aleve, Midol, Advil, Tums, etc. Dosage authorized by parent/legal guardian may not exceed dosage recommended on medication label.

All medications must be given directly to a WC staff member by the parent/guardian and only in the original container (if over the counter medication) or in the pharmacy container for prescription medications. If participants bring medications into the program premises without signed consent forms, these will be confiscated and returned to the parent/guardian at the end of the program session.

By signing this document, I give permission for WC staff/volunteers to administer such medication as I have described above.

(Parent/Legal Guardian Name)

(Parent/Legal Guardian Signature)

(Work phone)

(Home phone)

(Date)

(Physician Name Printed)

(Physician Signature)

(Physician Phone Number)

(Date Signed)