

# PERMISSION TO DISPENSE MEDICATION

In order for the Village of Evendale to administer prescribed or over the counter medicine, the following information must be on file. No medicine will be given out without written consent of a physician and parent. Fill this out only if it is essential that your child receive medicine during camp or in case of an emergency.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Phone Numbers \_\_\_\_\_

***This section to be completed by a physician.***

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Date to begin \_\_\_\_\_ Date to end \_\_\_\_\_

Adverse reactions to report \_\_\_\_\_

Special Instructions / Administration \_\_\_\_\_

Name of Physician (print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician emergency phone \_\_\_\_\_ Other phone \_\_\_\_\_

***This section to be completed by the parents or guardian.***

The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines. I give my permission for the Village of Evendale or any of its employees or agents to administer the above prescribed medication.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## ALLERGIES AND MEDICAL CONDITIONS

**Does your child have any food, medication, latex or environmental allergies?**

- No
- Yes – check all that apply
  - Food
  - Medication
  - Latex
  - Environmental

Please list and explain what symptoms to look for:

**Does your child's allergy/allergies require staff to monitor child for symptoms, take action if a reaction occurs or give emergency medication to your child?**

- No
- Yes – "Permission to Dispense Medication" required; SEE ABOVE.

**Does your child have a special health or medical condition?**

- No
- Yes – Please explain and list how to monitor child:  
SEE ABOVE "Permission to Dispense Medication" or fill out "Special Accommodations" form.

**Is your child currently using any medication or food supplements?**

- No
- Yes – Please list: