

MEDICATION AWARENESS FORM

If your child needs to take medication during the day, Parent/Guardian must read and complete the form:

- Please fill out one Medication Awareness Form per child and return to the Program Director.
- We recommend your child bring spray sunscreen and repellent for their personal use and keep in their possession if you prefer that your child self-apply.
- Medication must be in the original container.
- It is the responsibility of the Parent/Guardian to make sure the child has the proper amount of medication.
- No medication will be administered to any child by GRACED, Inc. Staff.

Generally, youth participants are prohibited from having medication with them, unless the medication is dispensed on their person (such as an insulin pump, epi pen or asthma pump) or a doctor has specifically indicated in writing that the child may self-administer and safety precautions are met for the safe handling of the medication. If a doctor has given this written permission, a copy must be provided to GRACED, Inc. A parent or guardian must make the participant aware that their medication may not be shared and must remain in the original bottle at all times while not being used by participant.

Child's Full Name		Name Called	
DOB	Age	Grade	
<input type="checkbox"/> Doctor's note attached to authorize child to self-administer and safety precautions are met for the safe handling of medication.			
Special or more specific instructions (time)?			
In case of emergency please contact:			
Name:		Relationship to Child:	
Home Phone		Cell Phone	
Parent/Guardian Signature			Date

MEDICATIONS

Please list ALL medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending outings, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of the drug, the dosage, and the frequency of administration.

This Child takes NO medications on a routine basis

This Child takes medications as follows:

Med #1 _____ Reason _____ Dosage _____ Time Taken _____
 Med #2 _____ Reason _____ Dosage _____ Time Taken _____
 Med #3 _____ Reason _____ Dosage _____ Time Taken _____
 Med #4 _____ Reason _____ Dosage _____ Time Taken _____

Minor Name:		Parent/Guardian Name:	
Parent/Guardian Signature		Date	