

O'Fallon Parks and Recreation
Non-Injectable Medication Administration Record
This information is confidential and for staff use only.

Parent or Guardian, Please complete the top portion of this form

Name of Participant: _____ Age: _____
Home Phone: _____ Work Phone: _____

This participant is free of infectious disease. Yes _____ No _____
This participant is up to date on all immunizations. Yes _____ No _____
This participant is able to participate in recreation activities (with the
limitations and restrictions listed on the Authorization form). Yes _____ No _____
Is participant taking medication we should know about? Yes _____ No _____
**Does the participant take any medication during the regular school
year? If yes, will the participant continue taking
the medication during the summer?** Yes _____ No _____
Yes _____ No _____

A trained staff member will aid in administering all medication

Name of Prescribed Medicine: _____ For treatment of: _____
Exact Dosage: _____ Time: _____
Date to Begin: _____ Date to End: _____ Pharmacy _____ RX# _____
Prescribing Physician: _____ Physician's Phone: _____

Please do not send more than a one-day supply of medication at a time.

Medication Forms *must be completed in full* and on file before your child can receive medication.

Please note: If the prescription for the specified medication should change during the summer a new form will need to be completed with the new prescription information.

Medication **MUST** be sent in a properly labeled container (most pharmacies will give you duplicate bottles). If the prescription changes, please send a *new* properly labeled container.

Children with **Inhalers** will need a completed Medication Form on file. The child will not be allowed to personally carry the Inhalers, although it will be readily accessible to be used as required. This is for the safety of all children.

Over-the-counter medications must be sent in the original containers and require a completed Medication Form on file.

The undersigned recognizes that the O'Fallon Day Camp staff member, who will be responsible for ensuring the above medication, is not a pharmacist, and accepts full responsibility for requesting that a staff member oversee such medication and further acknowledges that neither such person or the O'Fallon Parks and Recreation Department, City of O'Fallon, shall have any responsibility or liability arising out of my child taking medication in accordance with the instructions on the label, the undersigned also authorizes a staff member of the O'Fallon Parks and Recreation staff to aid in administering the medication listed above.

Signed _____ Date _____