



Request for Staff to Dispense Medication

Whenever possible, the parent and Health Care Provider will design a schedule for giving medication outside of program hours. Medication is ordered to be given to a member at the Club only when necessary. Medication, unless otherwise directed, will be kept in a designated secure area and administered by trained Club staff.

- Parents will notify Boys & Girls Club Director of their child’s need for medication during program hours.
- Prescription medications must be labeled by the Pharmacy with the name of the patient, health care provider, medication, dosage and the time of day to be given.
- Over-the counter medication must be labeled with the name of the child, health care provider, medication, dosage and the time of day to be given.
- You or your child’s physician should discuss the reasons for the medication and the importance of taking the medication with your child.
- **Only the amount of medication needed during Club hours for the course of the illness/condition is to be sent to the Boys & Girls Club, not to exceed a one month’s supply.**
- **Medications that must be given in half-pill doses must be cut by the pharmacy or the parent. The Club will not cut pills.**
- When the duration of medication is complete, out of date, at the end of the school year or end of a camp, the parent must pick up any unused portions of medication. **Unclaimed medications will be discarded 1 week after the last day of school or camp.**

Member Name:		Program:
Diagnosis for which medication is given:		
Name of medication:		
Dose amount:	Time of day to be given:	
How medication should be administered:		
Storage instructions:		
Expected side effects:		
Start date:	End date:	
Health Care Provider Name:		
Phone Number:	Fax:	

Parent Permission *(To be completed by parent or guardian)*

- I request that my child be allowed to take medication as described above.
- The medication will be furnished by me in the original container and **BROUGHT TO THE CLUB BY AN ADULT.**

I hereby request that the staff of the Boys & Girls Clubs of Skagit County give the above medication, which has been prescribed by a physician, to my child named above. I release the Staff, Board of Directors, Volunteers and all affiliated organizations of the Boys & Girls Clubs of Skagit County from all liability in the event of any reaction from the named medication.

Signature of Parent or Guardian: _____ Date: _____

Parent Phone: Cell (_____) _____ Home (_____) _____ Work (_____) _____

Member Name:

Medication Name:

Number of Doses Given to the Boys & Girls Club:

Staff initials:

Date:

Dose Given

Doses Remaining

Staff Initial

Number of Doses Returned to Parent:

Date Returned to Parent:

Staff Signature:

Parent Signature: