



BOYS & GIRLS CLUBS
OF THE FOX VALLEY

160 South Badger Avenue, Appleton, WI 54914
Boys & Girls Clubs FAX #: 920-968-2716

ADMINISTRATION OF MEDICATION CONSENT

Caregiver Statement

Use one form for each medication

Club Member Name: _____

DOB: _____

Medication Name: _____ Prescribed* _____ Non-Prescribed _____

Dosage: _____ How Given: _____ Time to be Given: _____
(in mg, ml, etc.)

Starting Date: _____ Ending Date: _____

Reason for Medication: _____

If "as necessary", conditions under which medications should be given: _____

Precautions, possible untoward reactions, and/or interventions: _____

Prescribing physician name: _____ Phone: _____

(please print)

I hereby give my permission to Boys & Girls Club personnel to give this medication to my child according to the directions stated above and to contact the child's physician if necessary.

I further agree to hold the Boys & Girls Clubs of the Fox Valley and above person harmless in all claims arising from the administration of this medication at Boys & Girls Club.

I agree to notify the Boys & Girls Club in writing when any change in the above order is necessary.

(Signature of Caregiver) (Date)

Home Phone: _____ Work Phone: _____

****A physician written, signed statement and a pharmacy labeled container with accurate dosage and administration instruction must be supplied by the caregiver.***