Children & Youth Center

Certified Registered Ministry
After School Program
Summers Days for Youth

2327 East 10th Street,
Indianapolis, IN 46201
317.637.0841 Phone
317.637.0849 Fax

Child Medication Form

- Prescription Name _____
  Doctor's Name _____
- Non-Prescription – **Doctor's Note Required with Instructions**
- Preventative Product such as sunscreen, inspect repellant, non-medicated powder, petroleum jelly and/or diaper rash cream – ***no doctor's note required***

Child's Name _____ Date of Birth _____

I, _____ give permission to East 10th Children & Youth Center
(Print name of parent/guardian)

personnel to administer _____ of _____ to my child on
(Dosage) *(Medication)*

Circle All that Apply

Monday Tuesday Wednesday Thursday Friday

at _____ am/pm _____ am/pm _____ am/pm

for _____.
(Reason for Medication)

Please discontinue use of this medication on _____
(Date of Expiration/Date No Longer Needed)

Please see bottle and label for possible side effects or special instructions for use of this medication.

_____ _____
Signature of Parent/Guardian *Date*

Record of Dispensed Medication

Day of Week	***Date***	***Time Administered***	***Amount Administered***	***Signature of Employee Dispensing Medication***
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
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Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

To be completed by parent once record of dispensed medication is completed.

I ______________________________ acknowledge that I have received and addressed any questions or concerns regarding the completed record above with the proper East Tenth employee and/or administrator.

_______________________________________ _______________________________________

Signature of Parent/Guardian Date