

MEDICATION FORM
(One form per medication)

York County Park staff **will not administer** medication to a child (**over the counter or prescribed**) unless accompanied by a Doctor's written notice. For a prescription, a labeled container with a doctor's name, the child's name, the medication type, dosage, frequency, method of application, and an expiration date is also required.

To be completed by the child's health care provider with prescriptive authority:

Child: _____ Birth date: _____

Medication: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Special Instructions: _____

Purpose of Medication: _____

Possible Side Effects: _____

Start Date: _____ End Date: _____

Signature of Person with Prescriptive Authority Phone Date

Print Name: _____



To Be Completed by the Parent or Guardian

I hereby give my permission for _____ to take the above medication as ordered by the
(Child's Name)

Health care provider. I understand that it is my responsibility to furnish this medication.

Signature of Parent or Guardian

Date

Note: The medication is to be brought in the original container, which clearly states the child's name, the health care provider, the name of the medication, date, time and dosage. This form must be filled out completely in order for the medication to be given.