

# 2024 NON -INJECTABLE MEDICATION AUTHORIZATION

*This information is confidential and for staff use only.*

Medication Forms must be completed in full and on file before your child can attend camp. All medication on site is to be checked in with the site director on duty so it can be properly stored for the safety of the children.\*

**Child Name:** \_\_\_\_\_ **Camp(s) Attending:** \_\_\_\_\_

**My child is authorized to self-administer medications listed below:** \_\_\_ Yes \_\_\_ No

**If the answer is no and staff are required to administer the drugs, please provide detailed instructions below:**

**Name of Prescribed Medicine #1:** \_\_\_\_\_ For treatment of: \_\_\_\_\_  
Exact Dosage: \_\_\_\_\_ Time: \_\_\_\_\_  
Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ RX#: \_\_\_\_\_  
Prescribing Physician: \_\_\_\_\_ Physician(s) Phone: \_\_\_\_\_  
Instructions for staff: \_\_\_\_\_

**Name of Prescribed Medicine #2:** \_\_\_\_\_ For treatment of: \_\_\_\_\_  
Exact Dosage: \_\_\_\_\_ Time: \_\_\_\_\_  
Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ RX#: \_\_\_\_\_  
Prescribing Physician: \_\_\_\_\_ Physician(s) Phone: \_\_\_\_\_  
Instructions for staff: \_\_\_\_\_

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

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

Medication *MUST* be sent in its original container that has the original prescription label. In most cases your pharmacist will provide you with an additional bottle. If the prescription changes, please send a *new* properly labeled container.

\*Children with **Inhalers and EpiPens** will need a completed Medication Form on file. The child will be allowed to personally carry the inhaler/EpiPen.

**Staff are not able to administer over-the-counter medications** without a prescription from their doctor.

Guardian Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

The above-signed recognizes that the Farmville Parks and Recreation staff member, who will be responsible for administering 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, the Town of Farmville, 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 your child or staff member of Farmville Parks and Recreation to administer medications as indicated above.

**DELIVER COMPLETED FORM TO TOWN HALL OR EMAIL TO CHRISTOPHER HARRIGAN,  
RECREATION DIRECTOR, AT CHORRIGAN@FARMVILLENC.GOV**