



BOYS & GIRLS CLUBS
OF KOOTENAI COUNTY

Medication Authorization Release

Child Name: _____ DOB: _____

Name of Medication: _____ Dosage: _____ # of Doses provided: _____

Times medication to be given (indicate time of days or as needed): _____

Possible side effects: _____ Special Instructions: _____

If this is an emergency medication, i.e. inhaler, EpiPen, etc., has the child been instructed to self-administer and may he/she do so? YES _____ NO _____

Check One:

- This prescription medication is furnished by me. It is in its original container. It is labeled with the pharmacy label which includes my child's name, prescription number, name of medication, dosage, and number of times a day to be administered.
- This is an over-the-counter medication. It is in its original container. The child's name, date, time to be given and the amount to be given are marked on the container and entered above.

Please initial each of the boxes below after reading the corresponding statement:

_____ I understand that all medications must be brought to the Front Desk where they will be kept in a locked area. Members must take medications in the front office.

_____ It is the responsibility of the Club member to remember when medication is to be received. It is the responsibility of the Club member to dispense and administer their own medications based on parent written instructions.

_____ The BGCK assumes no responsibility for the dispensing of this medication. When staff provides the medication or prescription to a Club member, the staff member will place the medication or prescription upon a table for member to use. At no time shall the staff directly distribute the medication or prescription to the Club member. I am aware that the person who is providing medications is a member of the staff of the BGCKC and has no medical training.

_____ Should the child be taken off medication or should the dosage or type of medication change, it shall be the parents' responsibility to notify the BGCKC staff of those changes so that this form may be updated.

I understand that the Boys & Girls Club of Kootenai County personnel are not responsible for any problems arising from the taking of this medication, its side effects (if any), or for the omission of medication. I further agree to indemnify and hold harmless the Board of Directors and its agents and servants against all claims as a result of any or all acts performed under this authority. I understand that the considerations listed above are important for safe administration of medications.

Parent's Name: _____ Date: _____

Parent's Signature: _____