

City of Charlottesville Parks and Recreation: Medication Authorization Form

One form required for each medication. We strongly suggests *all* medication be administered at home. Any new medication must be administered at home first.

- A licensed prescriber/physician's signature is required for any long-term medications (those longer than 10 days).

1. Child's First and Last Name:	2. Date of Birth:	3. Child's Known Allergies:
4. Name of Medication (including strength):	5. Dosage to be Given:	6. Route of Administration:
7. Frequency to be administered (# times per day or specific times) or symptoms that will necessitate administration of medication (must be observable and when possible, measurable):		
8. Possible side effects:		
9. Action to be taken if side effects are noted (who should be contacted):		
10. For epi-pens and inhalers: Check the box below if you authorize your child to carry his/her medication because there is a need for it to be immediately accessible and your child can self-administer if needed  <div style="text-align: center;">Parent's Authorization <input type="checkbox"/></div>		
11. Date to be discontinued:	12. Prescriber's Name:	
	13. Prescriber's Phone Number:	
<b>Parent/Guardian's Signature:</b> _____ <b>Date:</b> _____ <b>Parent/Guardian's Printed Name:</b> _____		
<ul style="list-style-type: none"> <li>• <b>Required for medications lasting longer than 10 days.</b></li> </ul> <b>Prescriber/Physician's Signature:</b> _____ <b>Date:</b> _____ <b>Prescriber/Physician's Printed Name:</b> _____		

--