

(Complete this form for each medication to be dispensed to each participating child)

AUTHORIZATION TO DISPENSE MEDICATION

If your child is taking medication and medication can be given at home before or after the Bardstreet, LLC event, please do so. However, if medication must be given during the Bardstreet, LLC event, print and complete this "Authorization to Dispense Medication" form and bring with the clearly labelled medication.

Child's Name: _____

I request that Bardstreet, LLC, through its personnel/volunteers assist in the administering of medication to my child, according to the instructions below. I understand that:

- Medications must clearly labelled.
- Parent/guardian must provide specific instructions, as well as the medication and any related equipment.
- It will be the responsibility of the parent/guardian to inform Bardstreet, LLC of any changes.
- New medication or new doses will not be given unless a new form is completed and a newly labeled container is provided.
- All medication will be taken directly to Bardstreet, LLC personnel/volunteers by the parent/guardian.
- Unused medication will be disposed of unless picked up at the end of the event.

*** By signing this form, I am acknowledging that the first dose of this medication was given by a parent or guardian and child was observed to have no known side effects*****

Name of Medication: _____

Dose: _____ Route (by mouth, topical, etc.): _____

Time(s) to be given: _____ Stop Medication on: _____

Condition/Illness Requiring Medication: _____

Possible Side Effects, if any: _____

Physician's Name: _____ Physician's Phone: _____

I hereby authorize the personnel/volunteers of Bardstreet, LLC to assist my child in taking prescribed medication and release them from any liability for administering this medication. I understand that, in the event of a change in medicine, I am responsible for presenting a new request form.

Parent/ Legal Guardian signature

Date

To be completed by Bardstreet, LLC personnel/volunteers only:

Date received: _____ Name of Medication: _____

Doses enclosed: _____