

OVER THE COUNTER MEDICATION RELEASE FORM

Child's Name: _____ Age _____ Birth Date: _____

Program Site: _____

Name of Medication: _____

Reason for Medication: _____

Time Medication is to be Administered: As needed Dosage: per product label directions

Precise Method of Administering Medication: per product label directions

Start Date for Medication: ongoing-as needed for pain End Date for Medication: ongoing-as needed for pain

Does child possess knowledge and ability to self-administer medication? Yes No

If medication is as needed, please describe symptoms or indications that would require medication:

Special Considerations (special instructions, precautions, possible side effects, other comments):

PARENTAL CONSENT: I authorize City of Burbank Parks & Recreation Department staff to assist my child in taking the medication listed above in accordance with the instructions provided above. I understand that Parks & Recreation staff are non-medically trained personnel and that it is my responsibility to provide complete legible directions and instructions for the administering of the medication listed above.

Parent / Guardian Signature

Date

For Office Use Only	
Date Form Received: _____	
Approved: Program Supervisor _____	Site Leader _____
Signature	Signature