



**BLACKSTONE VALLEY
BOYS & GIRLS CLUB**

"The Positive Place for Kids"

P.O. BOX 283, 115 CANAL STREET, BLACKSTONE, MA 01504

Medication Administration Form

The Blackstone Valley Boys and Girls Club must have this medication administration form on file and signed by the physician, dentist, nurse practitioner, or physician's assistant in order to administer any medication, whether it is a prescription drug or over the counter medication.

Physician:

Please complete this form if the below named child must take prescribed medication during summer program hours and it cannot be given at home.

Child's Name: _____ D.O.B ____/____/____

Diagnosis: _____

Name of Medication: _____

Prescription: _____ Non-Prescription: _____

Dosage Prescribed: _____

Date to begin administering: ____/____/____ Discontinue: ____/____/____

Times medication to be given: _____

Any Special Instructions: _____

Possible Side Effects: _____

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 _____

Physician's Name

Address

Physician's Signature

(____) _____
Telephone

I, the undersigned, give permission to the Blackstone Valley Boys and Girls Club personnel to administer to or to supervise my child in taking the above medication. I understand that the Blackstone Valley Boys and Girls Club 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.

Parent or Guardian Signature

____/____/____
Date

Telephone (Home)

Telephone (Work)