



BOYS & GIRLS CLUB
OF PORTAGE COUNTY, INC.

NON-PRESCRIPTION MEDICATION PERMISSION FORM

BGC Office Use Only

Date Received: _____

Club Site: _____

PARENT REQUEST FOR CLUB ADMINISTRATION OF MEDICATION

Club Member Name: _____ Date of Birth: _____

TO BE COMPLETED BY PARENT/LEGAL REPRESENTATIVE

Name of Non-Prescription Medication:** (one per form) _____

Reason for Medication: _____

Form of Medication/Treatment:

Tablet/Capsule Liquid Other: _____

Instructions: (Schedule and dose to be given at club) _____

Restrictions, Precautions, and/or Important Side Effects: None anticipated

Yes. Please describe: _____

Special Storage Requirements: None Refrigerate Other: _____

Duration: Start: Date form received Other date: _____

Stop: At specified date: _____ At end of (year): 20_____

The club personnel have my permission to administer this medication/treatment as indicated above and according to club policy.

Parent/Legal Representative Signature

Date

**** ALL MEDICATIONS MUST:**

- Be in ORIGINAL CONTAINER
- Include the CHILD'S NAME
- Be UNEXPIRED
- Be PICKED UP before the last day of the Enrollment Period
- Any meds LEFT after the end of the Enrollment Period will be discarded