

## Medication Disbursement Form

### MEDICATION NOTES:

Medication must be **in original container, clearly labelled with the member's name and dosage instructions**. Medications are to be given to and distributed by a designated staff member.

<b>Name:</b>		<b>Age:</b>		<b>Date of Birth:</b>
<b>Name of medication</b>	<b>Diagnosis</b>	<b>Dosage</b>	<b>Time</b>	<b>Special Instructions (with food, keep refrigerated)</b>
<b>Number of doses you are providing to Boys &amp; Girls Club at a time:</b>				
<b>Number of days Boys &amp; Girls Club is to disburse medication:</b>				
<p>I give permission for the Boys &amp; Girls of Cornwall/SDG staff to administer the above-mentioned medication to the Member listed on the form. I acknowledge that it is my responsibility to ensure staff have enough medication on hand. I also acknowledge that it is my responsibility to advise staff of any changes regarding my child's medication. Changes made on the form must be initialed.</p>				
<b>Parent/Guardian Name (please print Clearly)</b>		<b>Parent/Guardian Signature</b>		<b>Date:</b>
<b>Staff Name (please print clearly)</b>		<b>Staff Signature</b>		<b>Date:</b>