



City of Sun Prairie
Authorization to Administer Prescription and/or Over the Counter Medication

Participant's Name: _____

Date of Birth: _____

Physician Authorization

As the physician of the above name participant, it is, in my professional opinion appropriate and necessary that the following medication(s) be available for administration during programming provided by the City of Sun Prairie.

Name of Medication(s):	1.)	2.)	3.)
Medication form (liquid, tablet, inhaler, etc.):			
Route of administration (oral, inhaled, topical, etc.):			
Dosage to be administered:			
Scheduled administration time(s) and/or frequency:			
Possible Adverse Side Effects:			
<i>For inhaled medication & epinephrine auto injectors only:</i>			
The participant demonstrates the ability to carry and self-administer the above medication:	Yes No	Yes No	Yes No

The above authorization shall remain in effect through the end of the current program session unless (1) discontinued or changed by me or (2) if the parent/guardian withdraws the authorization in writing.

Physician Name: _____

Phone Number: _____

Physician Signature: _____

Date: _____

Parent/Guardian Authorization

As the parent/guardian of the above named child, I request that authorized staff assist in the administration of the above medications prescribed by the physician. I understand that: (1) the medication need to be brought to the program in its original container with my child's name on it, (2) it will be stored in a lock box accessible only by authorized staff, unless the physician indicates that my child is capable of carrying and self-administering it, (3) it is my responsibility to replace medications when expired or supply is running low, (4) I will need to obtain a new authorization form if any changes occur with the medications listed above and (5) I am responsible for picking up any unused medication within one week of the program's completion, otherwise the medication will be disposed of properly.

Parent/Guardian Name: _____

Phone Number: _____

Parent/Guardian Signature: _____

Date: _____