



**MEDICATION PERMISSION AND LOG**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Site Location: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time or Frequency: \_\_\_\_\_ Route: \_\_\_\_\_

Instructions: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Date to Begin Medication: \_\_\_\_\_ Date to End Medication: \_\_\_\_\_

I give permission for the Boys & Girls Club of the Red River Valley to administer the medication listed above to my child, in child care, as ordered by the health care provider. I understand that staff will observe my child taking their medication as an accommodation and convenience for me. I release and waive, and further agree to indemnify, hold harmless or reimburse the Boys & Girls Club of the Red River Valley, Board of Directors, individual member, agents, employees, and representatives thereof from and against any claim which I, any other parent or guardian, my child or any other person may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of or in connection with the Youth Commission's observing medication administration the above described medication to my child or the rendering of emergency medical procedures or treatment, if any, as a result thereof.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have agreed to submit this registration form by electronic means. By entering my name and the date on this form, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge.

**Medication Log and Information**

Medication MUST be brought in the original container, properly labeled stating child's name, health care provider, medication name, date, time and dosage. Youth Development Professionals must also return this form to the Fargo Youth Center at the end of each week.

Date	Time Given	Dosage	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Site: \_\_\_\_\_ Copy to Director: \_\_\_\_\_ File: \_\_\_\_\_