



CHILD'S NAME: _____

- ☐ **My child WILL NOT need medication administered during program hours (not required to complete form, please just sign at the bottom).**
- ☐ **My child WILL need medication administered during program hours (please fill out completely).**

1. Name of Medication _____ Rx or OTC (circle one)

Dose _____ Time of Day _____

Additional Instructions _____

Possible Side Effects _____

Date(s) of Facilitation _____

2. Name of Medication _____ Rx or OTC (circle one)

Dose _____ Time of Day _____

Additional Instructions _____

Possible Side Effects _____

Date(s) of Facilitation _____

I am aware that the City of Gainesville Parks, Recreation and Cultural Affairs Department does not have trained medical staff available. However, the child named above, requires medications during program hours. I am aware that the program staff will NOT administer the medication, but will assist in providing it at the times noted above and will facilitate my child self-administering the medication. My child's need for this medication listed above is so important that I request non-medical personnel to dispense the medication in accordance with the instructions provided by me and stated above.

Parent/Guardian Signature

Date