

REQUEST FOR ADMINISTRATION OF MEDICATION FOR BRONCO CLUB

Box 1	The following section must always be completed by the parent/guardian.								
<p>Check all that apply and complete all of the information.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Prescription Medication</td> <td style="width: 33%; text-align: center;">Nonprescription Medication</td> <td style="width: 33%; text-align: center;">Food Supplement</td> </tr> <tr> <td style="text-align: center;">Topical Product or Lotion</td> <td style="text-align: center;">Refrigeration Required</td> <td style="text-align: center;">Modified Diet</td> </tr> </table>				Prescription Medication	Nonprescription Medication	Food Supplement	Topical Product or Lotion	Refrigeration Required	Modified Diet
Prescription Medication	Nonprescription Medication	Food Supplement							
Topical Product or Lotion	Refrigeration Required	Modified Diet							
Name of Child		Date of Birth	Weight						
Name of Medication		Exact Dose							
To be administered at the following times		For the following period of time							
<p>I understand that my child must receive one dose of medication before arriving at the program (unless medication is used for emergencies).</p>									
Signature of Parent/Guardian			Date						
Box 2	The following section must be completed by a licensed physician/dentist, or certified physician's assistant.								
<ol style="list-style-type: none"> 1. The medication contains codeine or aspirin. 2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions). 3. It is a sample medication without a prescription label. 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period. 5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use. 									
Name of Child		Name of medication, vitamin, diet supplement							
Dosage		Possible side effects to watch for							
Expiration Date (May not exceed twelve months from the date of this request for medications or food supplements.):									
Instructions									
<p>This child is under my care and should receive the above medication as written. Signature of physician, dentist or certified physician's assistant:</p>									
Date of Signature		Phone number							

