



FRIENDS SUMMER PROGRAMS

PERMISSION TO ADMINISTER MEDICATION

NOTE: USE A SEPARATE SHEET FOR EACH MEDICATION

Child's Name _____ DOB _____

Name of Medication _____

Reason for Medication _____

Prescribing Physician's Name _____ Phone _____

Directions (include specific area of application if topical)

If PRN, frequency _____

Side effects and action to be taken _____

- Child may carry inhaler with them throughout the day.
- I request and give my permission for Friends Summer Program staff to administer this medication to the above-named child.
- Child may self-administer this medication under the supervision of Friends Summer Program Staff.

We have first aid supplies and a few over-the-counter medications on hand for minor injuries and mild physical symptoms. Please indicate your preferences regarding the following treatments for your child:

	OK to give	Call first	DO NOT give
Tylenol (age appropriate dose) acetaminophen			
Advil (age appropriate dose) ibuprofen			
Cortisone ointment			
Antibacterial ointment			
Allergy medicine (Benedryl / diphenhydramine)			
Tums for upset stomach			
Pepto Bismol for diarrhea			

Parent/Guardian Signature _____ Date _____