

**Administration of Personally Provided Medication  
At The Melody Fairchild Running Camp**

**Separate forms are required for each medication**

The parent/guardian of \_\_\_\_\_ ask that Melody Fairchild Running Camp staff  
(please print child's name)

give the following medication \_\_\_\_\_ at \_\_\_\_\_  
(name of medication & dosage) (time(s))  
to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Melody Fairchild Running Camp agrees to administer medication prescribed by a licensed health care provider.

**Prescription medications** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, along with the licensed health care provider's name. The pharmacy name and phone number must also be included on the label. Pharmacists may provide a separate bottle with a complete printed label for your child to bring with her.

**Over the counter medication** must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with staff delegated to administer medication.

\_\_\_\_\_  
Print Parent/Legal Guardian's Name      Parent/Legal Guardian Signature      Date  
Work Phone \_\_\_\_\_      Home Phone \_\_\_\_\_

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**Health Care Provider Authorization to Administer Medication at  
The Melody Fairchild Running Camp**

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Dosage: \_\_\_\_\_ Route \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider with Prescriptive Authority      Date

Clinic Name and Phone Number \_\_\_\_\_