



**Kid's Connection Before and After School Non Prescription Medication  
Dispensing & Authorization Form**

**City of Greenfield Parks and Recreation Department - 7325 W Forest Home Ave, Greenfield WI 53220**

**Phone: 414-329-5370 - Fax: 414-543-2369**

Name of Child to Receive Medicine \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medication Information**

Name of Medication: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_

Dispensing & Storage Instructions \_\_\_\_\_

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

If given as needed, state specific symptoms or conditions for which it is to be given: \_\_\_\_\_

If there are additional details/notes that staff should know about this medication, please attach information to this sheet.

**Parent/Guardian Authorization (please initial below)**

\_\_\_\_\_ I agree to deliver medication to Kids Connection staff in a manufacturer's, original, labeled, unopened container with my child's name clearly written on it.

\_\_\_\_\_ I agree to submit a new medication dispensing & authorization form if this medication changes in anyway or notify staff if discontinuation of this medication is required.

\_\_\_\_\_ I agree to maintain a sufficient supply of medication to Kids Connection and to pick up any unused medication.

I understand it is my responsibility to give the medication directly to the Kids Connection Greenfield Park and Recreation Staff in its original manufacturer's container or clearly labeled with your child's full name and full dosage instructions. I understand medication can only be administered in the amount according to the label directions. In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I grant Kids Connection Greenfield Parks and Recreation staff to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with administering of medication to my minor child, I do hereby fully release or discharge the Kids Connection Greenfield Parks and Recreation staff from any and all claims from injuries, damages and losses I or my minor child may have arising out of, connection with, incidental to or in any way associated with the administering of the specified medication.

I hereby acknowledge that the above information provided for dispensing medication for my minor child, is accurate. I also understand that it is my responsibility to inform staff of any changes in the dispensing of medication. By signing below, I give Kids Connection Greenfield Parks and Recreation staff permission to dispense medication to the child listed above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_