

**Youth Commission
Medication Permission Form/Log**

Child's Name: _____ DOB: _____

Site Location: _____

Medication: _____ Dosage: _____

Time (or frequency) _____ Route: _____

Special Instructions: _____

Reason for Medication: _____

Possible Side Effects: _____

Start date: _____ End date: _____

I give permission for the Youth Commission to administer the medication listed above to my child, in child care, as ordered by the health care provider. I understand that staff will observe my child taking their medication as an accommodation and convenience for me. I release and waive, and further agree to indemnify, hold harmless or reimburse the Youth Commission, Board of Directors, individual member, agents, employees, and representatives thereof from and against any claim which I, any other parent or guardian, my child or any other person may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of or in connection with the Youth Commission's observing medication administration the above described medication to my child or the rendering of emergency medical procedures or treatment, if any, as a result thereof.

Signature or Parent or Guardian _____
Date

Medication MUST be brought in the original container, properly labeled stating child's name, health care provider, name of medication, date, time, and dosage.

Date	Time Given	Dosage	Signature

Turn in the form to the Fargo Youth Center weekly.

Office Use Only:

Received by: _____ Date: _____

____ Copy to site
(may need more than one depending
on duration of medication usage)

____ Copy to Director

____ File