



Altamonte Springs Special Needs Recreation MEDICATION AUTHORIZATION FORM

Contact Information (Please print clearly.)

Participant Name: _____ Date of Birth (mm/dd/yyyy): _____

Participates in: Winter Clubhouse Summer Clubhouse Christmas Craft Clubhouse S.T.O.P. Clubhouse

Medication Policy

- If participant requires prescribed daily medication while attending a Clubhouse program, please complete the Medication Authorization Form.
- Please clearly note if your participant needs any assistance with their medication and if so, make arrangements to speak with the Activity Coordinator and Lead Team Counselor so appropriate arrangements can be made. Staff and volunteers are not permitted to provide or administer any kind of medication. Medication can be stored on site.

I, the undersigned, am a parent/guardian of the specified participant. I have read and fully understand the provisions of the above releases and explained them to the said participant.

Parent/Guardian Signature: _____ Printed Name: _____

Relationship: _____ Date: _____

Medication Information (Use additional sheet if needed.)

Medication Name	Amount Taken	Time or Frequency	Administration	Storage	Special Instructions
			<input type="checkbox"/> Takes independently <input type="checkbox"/> Needs reminder from counselor <input type="checkbox"/> Needs supervision from counselor	<input type="checkbox"/> Stores independently <input type="checkbox"/> Store by counselor	
			<input type="checkbox"/> Takes independently <input type="checkbox"/> Needs reminder from counselor <input type="checkbox"/> Needs supervision from counselor	<input type="checkbox"/> Stores independently <input type="checkbox"/> Store by counselor	
			<input type="checkbox"/> Takes independently <input type="checkbox"/> Needs reminder from counselor <input type="checkbox"/> Needs supervision from counselor	<input type="checkbox"/> Stores independently <input type="checkbox"/> Store by counselor	
			<input type="checkbox"/> Takes independently <input type="checkbox"/> Needs reminder from counselor <input type="checkbox"/> Needs supervision from counselor	<input type="checkbox"/> Stores independently <input type="checkbox"/> Store by counselor	

Other Notes

Office Use Only (Make a copy of this form and place in Clubhouse binder.)

Team Assignment: _____ Year/Session: _____

Note Date, Time and Action Taken: _____

Return Completed Form (Form must be received prior to the start of the Clubhouse program.)

Mail: City of Altamonte Springs | Attn: Special Needs Recreation | 225 Newburyport Avenue | Altamonte Springs, FL, 32701

Email: Tvitale@altamonte.org | Phone: (407) 571-8814 | Fax: (407) 571-8451