

**PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION AT  
THE BOYS & GIRLS CLUB OF SALEM, INC.**

I hereby request and give my permission for a designated member of the Boys & Girls Club Staff to assist my child, \_\_\_\_\_ a member in \_\_\_\_\_ in taking medication during the day as prescribed by his/her physician. I also request that the Boys & Girls Club Staff Member designated by the Executive Director keep the medicine in his/her custody, while assisting my child in taking the same in accordance with the physician's instructions specified herein.

In making this request, we, the parents/guardians, agree not to hold liable any member of the Boys & Girls Club whose duty it is to assist our child in taking said medicine. Further we agree to hold harmless and indemnify the Salem Boys & Girls Club and any such member of the Club Staff for any and all loses that may be occasioned as the result of assisting our child in taking such medicine. I release any such member of the Club Staff from responsibility for any adverse effects from the medication.

IT IS RECOMMENDED THAT ANY CHILD WITH CHRONIC ILLNESS OR ALLERGY TO INSECT STING, MEDICATION, OR FOOD WEAR AN IDENTIFICATION LABEL TO FACILITATE APPROPRIATE EMERGENCY TREATMENT.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Parent/Guardian

**PHYSICIAN'S STATEMENT**

I hereby instruct the designated member of the Boys & Girls Club Staff to assist \_\_\_\_\_ in taking medication during the day  
(child's name)

as follows:

Identification of medicine: \_\_\_\_\_

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

Method of taking: \_\_\_\_\_

Time schedule to be observed: \_\_\_\_\_

Before, with or after meals: \_\_\_\_\_

This order is in effect until: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Physician)